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ABSTRACT

This document provides a collection of articles, speeches, and newsletter excerpts covering the accreditation of child care programs in Australia and the United States. The collection contains the following speeches and articles: (1) "The Road to Accreditation," on the history of accreditation in the two countries; (2) "The Case for Child Care Accreditation"; (3) "Standards for Australian Program Accreditation System: A Review of Program Evaluation Models"; (4) "Australian Early Childhood Association Position Paper: An Accreditation System for Early Childhood Programs Starting with Centre-Based Long Day Care"; (5) "NAEYC's Center Accreditation Project: Goals and Philosophy"; (6) "Three Components of High Quality Early Childhood Programs: Physical Environment, Health and Safety, and Nutrition"; (7) "Progress Report on the Center Accreditation Project"; (8) "Promote Your National Center Accreditation"; (9) "Sue Bredekamp's Address to the Council of Australian Early Childhood Association, December 1989", concerning the development of the U.S. accreditation system and how it works; (10) "Voluntary Accreditation: The New South Wales Experience"; and (11) "Accreditation--Go for It!" on caregivers' positive response to changes brought about by accreditation. Newsletter excerpts on accreditation from the Australian Early Childhood Association's Newsletter from April 1990 to October 1992 are also included. (MM)

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Readings on Early Education and Care

THE ROAD TO ACCREDITATION

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Legend

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THE ROAD TO ACCREDITATION

Talk given to the Lady Gowrie Child Centre
Children's Services Industry Training Seminar
Gold Coast, Queensland
12 May 1992

by

Jean Gifford
Deputy National Director
Australian Early Childhood Association

Accreditation is a form of industry self-regulation. It is not unique to child care. There are many models of accreditation in other industries, for example, hospitals and other health sector areas. Interest in accreditation developed in Australia following the introduction of a system designed to improve the quality of care in early childhood programs developed by the National Association for the Education of Young Children (NAEYC) in the USA.

NAEYC started to work on a national system of accreditation in 1981. They were concerned that State licensing standards varied enormously between their 50 States. They also believed that licensing standards, by definition, had to be minimum standards and they wanted a means of encouraging programs to achieve more than a minimum. They also wanted to be able to identify characteristics within programs which they believed related to quality, but which were not amenable to objective measurement. Their system relies on an element of profession judgement, permitting the inclusion of 'subjective' features of programs, such as the nature of staff/child interactions. They wanted long lasting improvements to result from a service undergoing accreditation, so they opted for fairly complex system which involves a lengthy period of self-evaluation, followed by an expert visit. NAEYC contends that the self-study process, which is what they call this internal evaluation, results in significant professional growth. They were not interested in simply identifying the best programs as a kind of consumer guide to high quality care. They were hopeful of increasing awareness within the field of what constituted good practice, and in encouraging all programs to strive to improve the quality of their programs (Bredekamp, 1989).

In 1987, the Australian Early Childhood Association endorsed a principle of National Accreditation which consists of:

- National endorsement of training
- Registration of personnel
- Voluntary centre accreditation

A working party was established to undertake initial investigation and action. The first two elements of the principle may seem surprising, as they have dropped out of the proposal for accreditation we are now being consulted on. Accreditation of training courses and accreditation of personnel working in child care is another long standing issue for the field. These days it is being addressed through the concept of competencies and competency based training, nationally consistent curricula, mutual recognition of training mechanisms and procedures for the recognition of skills acquired outside of formal training courses. These are all important issues for us, but are not on today's program.

In 1987, however, these different kinds of accreditation were being considered together, and consituted a mammoth project for the working party, to be based in

South Australia. During 1987 AECA lobbied the State Welfare Ministers to implement the whole national accreditation system. Some Minister's responses were sympathetic, but they asked, 'who pays?' Others wrote back saying these were State issues.

In 1988, along with specific recommendations dealing with accreditation issues relating to courses and staff qualifications, the working party recommended that work commence within the Victorian Branch to develop an Australian accreditation tool continue. Council gave in-principle agreement to conducting a national trial of the Victorian tool once this had been developed. The Victorian Branch had obtained a small grant to begin work on putting together a possible accreditation tool which would be suitable for Australia and had made significant progress in developing sample criteria by the 1988 Council meeting. They agreed to keep going.

By this time, several State governments had begun to take an active interest in centre accredition as a means of quality assurance in the programs they were licensing. The Queensland government engaged a consultancy team to consider the issues relating to the introduction of a voluntary system of accreditation in Queensland, including examining the relationship between accreditation and State licensing standards. Poor licensing standards needing review, widely held concerns for existing quality in services, and a push within government for deregulation were all factors leading to the consultancy. A report, Voluntary Accreditation of Early Childhood Programs in Queensland: A Report to the Minister for Family Services was issued in May 1989. Following this report, the consultants Barbara Piscitelli and Nadine McCrea were engaged to adapt the NAEYC system for Australian use, with generous permission from NAEYC. This work was done on the basis of 'informed guesses' by the consultancy team. It needed trialling to test the validity of their changes, and failures to change to American documents. In the end, the Queensland government decided not to support such a trialling, but agreed to cover the costs of a large print run of the documents, permitting other groups to trial the tool. This opportunity was subsequently taken up in a serious way by the ACT Branch of AECA, and, I believe, by the SA State government.

At the same time, the New South Wales government was also exploring accreditation. It paid for Sue Bredekamp to come to New South Wales and run a series of validators training courses so that a trialling of the full NAEYC accreditation system could be undertaken in NSW. The project was initiated by the NSW Branch of AECA and is still being conducted by the Branch, with significant co-operation of State advisory personnel. A number of services have undertaken the self-study process, and a few have achieved full 'accreditation'. Because the system is only being trialled, these centres receive an unofficial certificate of achievement, but they certainly value this achievement.

Faced with these diverse developments, the 1989 AECA Council decided to set up

a special task force made up of AECA members who were directly involved in each of the accreditation projects in Victoria, Queensland and NSW. The Task Force met throughout 1989, and considered the three different tools in detail. This work led to AECA's starting position in the consultations which the Federal government held in 1990 on a national accreditation system.

THE GOVERNMENT COMMITMENT

During the 1990 election campaign the Prime Minister made the following announcement:

> The Government will bring together the key interests in the child care industry to develop a system of accreditation for child care services, to ensure children and their parents have access to quality care.

A representative committee was set up in June 1990 under the chair of Mary Crawford. Their Terms of Reference were to assess a range of possible child care accreditation options and make recommendations to the Minister on an accreditation system which would:

- over time, encourage consistent standards and improve quality across the child care industry in Australia;
- facilitate invovement of all interested parties (including providers in all sectors, staff and parents, State and Local government, and all the child care unions) in the setting and maintenance of standards;
- achieve a standard of care which provides quality outcomes for children and parents at an affordable cost to users and government; and
- be a complementary system to State/Territory licensing regulations.

The Crawford Committee presented its report to Government in September. Their report stressed that these goals were crucial. In addition, they considered that these objectives needed to:

- ensure a satisfactory and consistent level of quality across all sectors of the industry and across all States;
- establish a process which over time would build on this satisfactory level;

this quality improvement process needed to be acceptable to all sectors of industry, and be realistic in its balancing of quality and cost concerns; and

the emphasis of the process of accreditation should be on encouraging the participation of parents, staff and service providers in self-assessment and continuing improvement of their services rather than being based on assessment by Government.

Links with fee relief

Behind these words lies a significant compromise reached within the Crawford Committee between two very different views of what accreditation was meant to achieve. On the one hand were those who believed that accreditation needed to apply in full to every centre receiving some form of government funding, including fee relief, in order to assure a high level of quality in all centres. This group held that State licensing had proved an insufficient means of quality assurance--either because the kinds of things included in regulations often only indirectly related to 'quality on the ground' for children, or they were not consistently enforced. In addition, licensing standards vary considerably from State to State.

On the other side were groups such as AECA, who believed strongly that this kind of heavy-handed approach to accreditation simply would not work. AECA was pushing for accreditation to be entirely voluntary because we were looking for real, long lasting changes in thinking and professional growth to come out of a system of self evaluation within a centre, which was our idea of what accreditation should involve. Our thinking was strongly influenced by our knowledge of and support for the thinking behind the NAEYC system.

In the end, however, it was clear that a compromise would be necessary, and in the process of thinking through what that might be, we gradually shifted in our thinking about what was desirable. By the September Council meeting 1990, AECA was comfortable with the concept of an introductory module within a voluntary Accreditation system which would prescribe a standard of quality necessary for fee relief. This was the position reached by the Crawford Committee in its advice to the Minister.

References:

Bredekamp, S (1989) Address to 1989 Australian Early Childhood Association Annual Council Meeting.

This article was written in response to an earlier article by the economist Geoff Hogbin, putting the case against accreditation...

THE CASE FOR CHILD CARE ACCREDITATION

On December 15 Cabinet is due to consider a report calling for a child care accreditation system. First promised by the Hawke Government in the lead up to the 1990 election, the proposal has been developed by a national industry-wide committee with strong support from all sectors of the child care industry.

The Australian Early Childhood Association has been pushing hard for child care accreditation for many years, ever since our American counterpart developed a quality assurance program for US early childhood programs. Accreditation offers potential benefits to employers, workers, parents and government. Most importantly from our perspective, we believe it will provide lasting benefits for children.

Not everyone agrees that a new form of quality assurance for child care is necessary or desirable. Centres are already subject to licensing controls by each State and Territory Government. Some believe that these are sufficient, or are already overly restrictive. Some groups are questioning whether the qualitative assessments involved are feasible and enforceable. Fears of increased costs are also raised as objections. Mr Hobgin presented the concerns of a commercial child care lobby group that is especially strongly opposed to accreditation. This article will examine the case for accreditation, and consider each of these objections in turn.

Accreditation as it is being proposed by the child care industry would involve the child care industry as a whole agreeing on a set of standards for good practice. Centres wanting accredited status would evaluate their program against the agreed criteria. An agent of the Council would verify the centre's self-evaluation and an accreditation decision would follow. Accreditation is to be voluntary, but compliance with some of the criteria developed by the Council will be pre-requisites to receiving Commonwealth subsidies including monies to be used for fee relief purposes.

The main spin-off from accreditation is the focus it gives to good practice. Before the accreditation project started, there were no explicit standards for high quality care, and certainly no concensus about them. Already the debate about what the criteria should look like has stirred the entire industry to think hard about the impact their program is having on children. Especially challenging is deciding how make our child care genuinely appropriate for an ethnically mixed population.

The Government's goal for accreditation is to improve the quality of care provided generally in Australian child care programs. This is why a portion of the criteria are to be linked to fee relief. A related goal is provide parents with

a direct assurance of quality in the programs they use. We believe there will be other benefits as well. A better public understanding of the links between the nature of early experiences in child care and their impact on child development should improve the level of sophistication in child care debates. At the moment considerations of important child care questions too often take place in a knowledge vaccuum. Worker morale will be improved, too, if the process of undergoing accreditation creates a shared understanding of mutual goals within the centre and a sense of working in an environment which supports the achievement of explicit and agreed goals. Participants in two different pilot projects have confirmed that these additional benefits are probable.

Mr Hogbin argues that because accreditation standards lack objectivity and are not easily enforced, parents may be given a false sense of assurance of quality when their children attend accredited centres. The problem is, objective and easily enforceable standards ***cannot*** assure quality. We already have licensing regulations but as Mr Hogbin notes, good child care cannot be made by regulation alone. Complex industries require more sophisticated means of shedding light on good practice than is offered by easily administered, 'objective' regulations.

To provide direct quality assurance, parents need information about how their children are being treated in centres, and how they are experiencing that treatment. The nature of staff/child interactions, the appropriateness of the learning experiences and the overall emotional climate of the centre are complex, qualitative features of programs that are nevertheless capable of being described and rated by people with the necessary expertise.

They aretheless deal with issues parents understand and have knowledge of and care deeply about:

> Do the staff in the centre respond to children's normal behaviour with impatience, anger, insensitivity; or with pleasure, taking preventive steps to avoid tantrums, displaying sensitivity to developing competence and listening to what children want?
>
> Do the staff talk mainly to the group as a whole, or do children get individual attention?

State licencing authorities initially shared concerns that industry-based accreditation would unnecessarily duplicate their work. Over time, their commitment to accreditation has grown as they have come to see an industry-led movement to improve standards as reinforcement rather than competition. They have worked closely with the Interim Accreditation Council to ensure that accreditation will complement, rather than duplicate licensing standards.

How long will the standards recognised by accreditation last?

Licensing is an event. An official annually checks for compliance against a list of regulations during a visit to the centre. Accreditation is a process. Everyone in the centre participates, with parents and staff individually contributing to the centre's self evaluation. The self study phase involves thinking about why one approach is recommended over another, and rethinking the standard approach within the centre. Parents and staff grow in their understanding of sound child care practice. The process is public, and takes place over time. It results in shifts in thinking and understanding, as well as behaviour. Experience shows that standards achieved during the accreditation process will gradually erode, particularly with major staff changes. Therefore, it is planned for accreditation to only be valid for three years before re-accreditation would need to occur.

Accreditation and competition

Mr Hogbin worries that the centre's self-assessment needs to be verified by someone else within the industry. He compares this with asking Ansett Airlines to decide whether safety standards would be jeopardised by allowing Compass to set up in competition. A better analogy would be asking a noted surgeon to pass judgement on the standard achieved by an operating theatre in a hospital seeking accreditation. This is how hospital accreditation works, and how child care accreditation works in the US. It is also how a pilot project has been working successfully in NSW over the past two years.

Child care centres are not organised like national airlines and have little capacity to become cartels. By and large, they are stand-alone operations and work co-operatively with neighbouring services, rather than in competition with one another. In any case, it is envisaged that a reviewer would not be asked to confirm ratings of any centres operating in direct competition with their own.

Restrictive licensing

It is argued that accreditation amounts to restrictive licensing and is against consumer interests. The only restriction to apply as a result of accreditation is is the potential for some services to lose the right to receive public monies in order to reduce fees for low income users. This could be a final consequence for centres found to be inadequate by the rest of the industry, who are unwilling or unable to lift their game. No one is suggesting that only fully accredited centres will be allowed to operate. Even centres failing to meet the subset of standards selected for eligibility for fee relief will be permitted to continue to operate. It is likely that they will even be allowed to continue to receive subsidies for existing clients, but be unable to offer reductions to new users until improvements are made.

Hogbin suggests that accreditation could result in de-facto restrictive licensing, since parents will only want to send children to accredited centres. Elsewhere, he argues that parents will only see benefits from accreditation if the gains in quality achieved are greater than any additional costs to them flowing from accreditation. He also questions whether there will be any gains in quality as a

result of accreditation. The case against accreditation cannot have it both ways, claiming on the one hand that accreditation is a device being manipulated to provide incumbent service suppliers with a mechanism for restricting entry of newcomers against the wishes and interests of users, and on the other that consumers will demand access to accredited services (even when they cost more) and so put all other less expensive centres out of business.

It seems probable that parents ***will*** exert pressure on centres to attain accredited status if they can see differences in the quality offered by accredited and non accredited centres and believe the gains are worth paying for. This seems consonent with philosophies favouring market forces, and sits oddly with the rest of Hogbin's free market-based position against accreditation.

Is higher child care quality desirable?

Hogbin questions whether government has any clear goals for accreditation, given that Australia appears to have centres of relatively high quality already. The truth is that no one knows how good our services are, but anecdotal evidence, licensing standards and industry practice all suggest that Australia has developed a child care industry of relatively high quality in world terms. The issue is whether formal quality assurance measures are necessary in order to document the effectiveness of child care services, or whether anecdotes and impressions are considered sufficient.

To say that Australia is ahead of other countries is another way of saying that we probably have fewer horror stories to recount than they do. Those of us who have worked in the industry have a collection of anecdotes and personal experiences that deny complacency: babies kept quiet with gumdrops, toddlers banished to the 'naughty' chair for acting their age, preschoolers tied to chairs during lunch, display toys nailed to shelves in playrooms, over-enrolled children hidden during licensing inspections, and so on. These are extreme, isolated problems. More everyday concerns are momentary lapses of supervision, poorly structured programs that unravel into chaos, tired and irritable staff snapping at equally tired and irritable children, under-resourced workers struggling to deal with disturbed and disruptive children while managing the rest of the group, and quiet, withdrawn children getting overlooked by staff too busy to notice them.

All centres have good days and bad days. Observation suggests that most centres also have particular strengths and weaknesses, and that these vary considerably from centre to centre. There is some evidence that patterns of strengths and weaknesses may also vary from State to State.

Government has been very clear that accreditation is intended to improve standards of care across the whole industry. For this reason, there are to be two levels of accreditation: a beginning level linked to fee relief, and a second level for services interested in voluntarily pursuing further improvements (or wanting recognition of existing high standards).

Child care amounts to a revolution in the way Australia brings up its children - how effectively we manage it matters

Given the scale of the change from home care to child care as the way in which child rearing is now provided for many children, and the recency of that change, the lack of national curiosity about the quality of child care services is astonishing. Mr Hogbin seems to be saying, let's not look since we might not like what we see. Quality child care might cost too much. Others are arguing that we will have to pay for child care one way or another, either up front or in the form of remediation at some later date, or simply through lost potential. Disturbing research evidence indicates that while many group care programs enhance children's cognitive, language and social-emotional development, other programs are cause for concern. Under-resourced and unsupported centre-based child care programs can represent the worst aspects of institutionalisation: depersonalisation, the creation of apathy, the stunting of potential.

No comparable studies have been conducted in Australia. As already noted, there is reason to believe that the present quality of Australian child care programs is high relative to the typical standard of programs in countries lacking a strong Government policy for child care provision, such as the United States, Canada and Great Britain. However, pressures to expand provision and retain affordability are putting Australian standards of care into jeopardy.

Good child care is not made in heaven. It is made by hard work and intelligent understanding of children and of effective ways of working with groups of children over a full day. Accreditation appears to be an effective way of improving the level of shared understanding within a centre of good practice, and hence of providing better care.

The proposal to develop a national quality assurance program for child care will be put to Cabinet on 15 December.

Jean Gifford
Deputy National Director

23 November 1992

Standards for an Australian Program Accreditation System: A Review of Program Evaluation Models

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INTRODUCTION

In December 1991 the Commonwealth Government established an Interim Accreditation Council. This Council, representative of all sections within the children's services industry in Australia, has as its central task the development of an accreditation system for early childhood programs. As various groups and individuals debate the complex issues associated with such a process, the major concern emerging relates to the selection of the standards or criteria to be addressed by the system. These standards need to be comprehensive and encompass the key components of quality in early childhood programs as have been identified by both research and practice.

The Accreditation Council need not begin its work 'from scratch' as a great deal of work in the area of program evaluation has taken place and many evaluation instruments are available. Like accreditation, program evaluation monitors quality in the program, usually as a result of self evaluation, using quantitative and objective indicators as measures of quality. The chief difference between program evaluation and program accreditation is that in the latter, recognition is given to those programs that substantially comply with the established criteria. Because of the public nature of the outcome, and the consequences following from that, there needs to be acceptance by the children's industry as a whole of the particular set of criteria selected for accreditation.

The development of a reliable program evaluation measure is a lengthy and complex process. Program evaluation instruments are now available and can be used as resources for the development of an accreditation system. When selecting a program evaluation measure careful consideration needs to be given to certain factors. Abbott-Shim and Sibley (1990) suggest that these factors are:

1. Range of the program evaluation instrument
2. Validity/credibility
3. Reliability
4. Specificity of criteria
5. Scoring
6. Sources of information

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7. Training for data collection
8. Recording of information

1. Range of the Program Evaluation Instrument

A program evaluation instrument may be broad or narrow in its focus. A broad ranging tool suitable for use in early childhood programs would include components appropriate to evaluate settings for children aged 0-8 years. The components would be designed to evaluate all aspects of the program including administration and would be developmentally appropriate for the age groups concerned. An instrument having a narrow focus may, for example, only consider infants and toddlers.

2. Validity/Credibility

Any program evaluation instrument must be valid. This means that the instrument actually measures what it says it measures. In developing standards to be used in an accreditation system for Australia the criteria selected need to represent what are the professionally agreed components of quality supported by research evidence. These criteria would then have credibility with the early childhood field in this country.

A segment of the accreditation instrument will be mandatory for services if families are to be eligible for fee relief. This mandatory component will also need to be credible to the general community if acceptance of the system is to be achieved.

3. Reliability

Program evaluation instruments need to be able to provide consistent and replicable information. Reliability is established in various ways but generally includes a process of interrater reliability. In this process different individuals independently use the instrument in the same setting at the same time and then ratings are compared for consistency. The internal consistency of the instrument is assessed by statistical analysis. This analysis looks at the way individual items relate to each other and to the total score.

4. Specificity of Criteria

Criteria in the program evaluation document may be expressed as clearly defined discrete units, for example:

"All electrical outlets are covered with protective caps".

Criteria may also be expressed as complex units, for example:

"Staff are responsive to children".

Most program evaluation measures usually include both complex and discrete units. Obviously the more clearly defined the criteria the more objective the assessment procedures.

5. Scoring Procedures

Various methods exist for scoring information collected during an evaluation of a program.

Checklists and rating scales are two of the more frequently used procedures.

6. Sources of Information Used to Gather Data

Information about a program may be collected from a variety of sources, for example:

- Documentation
- Report and/or interviews with staff, parents, etc.
- Direct observation

Most program evaluation tools use a combination of methods. As accreditation is about assessing what children are actually experiencing in the program direct observation is essential.

7. Training for Data Collection

Collection of data needs to be considered on two levels. Centre staff may require inservice training to assist them in undertaking a self evaluation process. Training also needs to be considered for individuals outside the centre who visit to assess the program. The form and content of training is dependent upon the nature of the criteria to be evaluated.

8. Recording of Information

Once data about a program has been collected it may be recorded in a variety of ways. Some of the more widely used methods are graphs, charts and summary scores.

Table 1
A Comparison of Program Evaluation Measures

	PROFILE	ECERS	NAEYC
1. Range of program evaluation instrument	- infants, toddlers, preschoolers and before and after school settings - administration	- children 2½ to 6 years	- infants, toddlers, preschoolers and before and after school settings - administration
2. Validity/Credibility	- well established by expert review	- well established by expert review	- well established by expert review
3. Reliability	- established by interrater and internal consistency	- established by interrater and internal consistency	- established by interrater and internal consistency
4. Specificity of criteria	- discrete units organised into four sections according to age plus a general administrative section	- complex units organised into seven areas 1. personal care routines 2. furnishings and display for children 3. language and reasoning 4. fine and gross motor activities 5. creative activities 6. social development 7. adult needs	- discrete and complex units organised into ten areas 1. interaction among staff and children 2. curriculum 3. staff-parent interaction 4. staff qualification and development 5. administration 6. staffing 7. physical environment 8. health and safety 9. nutrition and food service 10. evaluation
5. Scoring	- checklist with forced choice	- rating scale 1 - 7 1 = inadequate 7 = excellent	- rating scale 1 - 3 1 = not met 3 = fully met
6. Sources of information	- direct observation - documentation - report	- direct observation - report	- direct observation - documentation - report
7. Training for data collectors	- suggested for centre staff and for outside assessors	- suggested for staff and outside assessors	- not suggested for staff but required for outside validation
8. Recording of information	- chart of scores - profile	- scoresheet - profile	- summary chart of item scores

PROGRAM EVALUATION MODELS

Some program evaluation measures are more useful to consider than others as resource material for the development of an accreditation instrument for services in Australia.

Three of the more comprehensive and widely used are:

- The Assessment Profile for Early Childhood Programs (PROFILE)
- The Early Childhood Environment Rating Scale (ECERS)
- The Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs developed by the National Association for the Education of Young Children (NAEYC)

These three approaches all establish standards for the process of evaluation. NAEYC establishes standards but also outlines procedures for accrediting those programs that substantially comply with those standards.

The measures address the key components of quality in early childhood programs but differ in the degree to which they address the needs of the various age groups, the emphasis they place on specific components, and the way data is collected and recorded. The different program evaluation models were initially developed for different reasons. NAEYC criteria were developed to establish a procedure for centre based services to engage in a voluntary process of self evaluation leading to an accreditation decision following external validation.

The ECERS was developed for research purposes and to help programs engage in a pro-

cess of self evaluation, while the PROFILE was developed solely as a self evaluation instrument. A brief description of these three program evaluation measures follow and Table 1 provides a comparison of the instruments in relation to the eight factors discussed above.

The Assessment Profile for Early Childhood Programs

The Assessment Profile for Early Childhood Programs (1987) was designed by Martha Abbott-Shim and Annette Sibley from Atlanta, Georgia. It was developed as a tool for self evaluation and arose out of the need for training to assist centre staff in improving the quality of their programs. While the Profile may be used by any centre as a program evaluation instrument, its main goal to date has been to help centres prepare for NAEYC Accreditation. The majority (87%) of accredited centres in Georgia have used the Profile.

The Assessment Profile is premised on two basic assumptions. The first assumption is that teachers and directors have a significant influence on the environment and experiences to which children are exposed in an early childhood setting. Secondly, the standards set in the instrument and the self study process must reflect the perspective and experiences of the child.

The set of standards represented by the Profile are comprehensive and address all dimensions of early childhood programs normally considered. They are general enough to apply to a wide range of centre based settings yet specific enough to provide concrete and observable criteria. The document is organised into four general areas: Preschool, Infant, School-age, and Administration. Each of these areas is then evaluated using various dimensions, for example, Curriculum, Health and Safety, Interacting and Individualising.

The validity and reliability of the Assessment Profile has been well established (Abbott-Shim and Sibley, 1990). Data is collected by report, documentation and direct observation. The instrument is formatted as a checklist with forced choice: Yes, the item was observed; No, the item was not observed. This data is then summarised on a scoresheet and a graph, giving a centre profile.

Since the use of the profile as a self evaluation measure by early childhood centres certain trends have been noted in relation to final scores. If the graph shows individualising in the program is low then the curriculum area will also invariably be low. These depressed scores have tended to correlate with staff's lack of understanding of child development. Further, within any one centre, there have been marked similarities between each classroom observed, suggesting that directors have a fairly significant influence on the overall quality of the program (A. Sibley, personal communication).

The Early Childhood Environment Rating Scale

The ECERS was developed both as a research tool and as a program evaluation measure. It provides a global measure of the quality of early childhood environments. Since 1980 the ECERS has become the most widely used instrument in child care research in the United States. The scale has also been shown to be suitable for assessing quality dimensions in early childhood settings outside the United States (Doherty, 1991: Rossbach, et al, 1991).

The instrument covers the basic quality dimensions and may be used in preschools, long day care centres, playgroups, occasional care and the early years of school environments. It is most appropriate for evaluating settings for children from 2½ to 6 years of age. The instrument covers seven program areas: personal care routines; furnishings and display; language/reasoning experiences; fine and gross motor activities; creative activities; social development; and adult needs. The validity and the reliability of the ECERS has been well documented (Fiene, 1990).

A seven point rating scale, ranging from "inadequate" to "excellent" is used to assess the degree of quality of the environment. Data is collected by direct observation and report and is summarised on a scoresheet and graphed on a profile. This final profile highlights the relative weaknesses and strengths of the program.

Recently another environment rating scale focusing specifically on infants and toddlers has been developed (Harm, Cryer and Clifford, 1990). The scale, the Infant/Toddler Environment Rating Scale (ITERS) is an adaptation of the ECERS. The ITERS provides a more comprehensive assessment of infant and toddler programs than the Profile

or NAEYC Criteria.

The NAEYC Accreditation Criteria

The NAEYC criteria which form the program evaluation tool for the self study part of the accreditation process were developed following a review of fifty program evaluation documents and relevant child care research. Feedback on the draft document was provided by 186 early childhood specialists throughout the United States and from the NAEYC membership, then numbering approximately 43,000 (Bredekamp, 1986). The final draft document was field tested in 32 programs representing four diverse areas of the country.

The criteria are comprehensive in scope and are designed for use by centre based early childhood services for children aged 0-5 and for before and after school programs.

Since its publication in 1983, the criteria have attracted enormous interest in the early childhood field throughout many parts of the world. In some circles it is considered the best instrument that "the early childhood field has for measuring program quality" in centre based services (Fiene, 1990: 51).

The NAEYC system is based on the premise that although there are individual differences among children including cultural and language differences, there are certain needs and interests that are shared by children at certain developmental ages and stages (Bredekamp, 1989).

There has been consistency in findings from various sources regarding the validity and reliability of the criteria. These findings are now also supported by considerable research data which provides evidence of the relation of these same aspects of program quality to positive outcomes for children (Bredekamp, 1989).

A structured three point rating scale is used for reporting and validating results. A rating of three means that the criterion is fully met, or there is a great deal of evidence for this criterion. A rating of two indicates the criterion is only partially met and one means there is little or no evidence of this criterion.

The NAEYC criteria have been adapted for use in Australia (McCrea and Piscitelli, 1989). South Carolina has also modified the system and uses it as a quality assurance instrument (QAS). The QAS is linked to funding with a 70% compliance being required for centres to be eligible to purchase child development services under the Social Service Block Grant Contracts (SSBGC).

EVALUATION AND FAMILY DAY CARE

The program evaluation measures discussed above relate specifically to centre based early childhood services. What measures exist for the assessment of Family Day Care environments?

Three measures developed in the United States are being used for Family Day Care Accreditation purposes. They look at the quality of the environment in the Family Day Care home but do not address Family Day Care schemes and the coordination role which operates in Australia. The three measures are:

- The Assessment Profile for Family Day Care
  (Abbott-Shim and Sibley, 1987)
- The Family Day Care Rating Scale (FDCRS)
  (Harms and Clifford, 1989)
- The Family Day Care Accreditation System operated by the Child Care Partnership of Dallas

The Assessment Profile for Family Day Care

This profile has been adopted by the National Association for Family Day Care in the United States as its Accreditation instrument. The profile assesses the characteristics of the Family Day Care home in relation to:

- physical characteristics
- child care procedure and policies
- adult/child interactions

These three characteristics are assessed across seven dimensions.

1. Indoor Safety
2. Health
3. Nutrition
4. Indoor Play Environment
5. Interacting
6. Outdoor Play Environment

7. Professional Responsibility

Data is collected by direct observation, documentation and by report.

The Family Day Care Rating Scale

The FDCRS is an adaptation of the ECERS and has been designed to provide an overall picture of the quality of the Family Day Care home environment. The scale can be used by carers, coordinators and researchers.

The criteria addressed in the scale are grouped into six main categories.

1. Space and furnishings for care and learning
2. Basic care
3. Language and reasoning
4. Learning activities
5. Social development
6. Adult needs

Like the ECERS each item is rated on a seven point scale.

Child Care Partnership of Dallas

The Child Care Partnership of Dallas, a non-profit advocacy organisation, developed a voluntary accreditation system for Family Day Care homes. The observation instrument is organised into five main areas.

1. Family Day Care as a Business
2. Working With Parents and Families
3. Learning Environment
4. Health, Safety and Nutrition
5. Activities to Enhance Development

SUMMARY AND CONCLUSIONS

Program evaluation or standard setting is a continuous dynamic process. However, it is relevant to note that across the early childhood field, a marked degree of consensus has emerged concerning what are the key components of quality in child care programs. The program evaluation measures described in this article provide evidence of this general agreement. This work, reflecting the current findings of research and practice, provides invaluable resource material for the development of an accreditation system for children's services in Australia.

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AN ACCREDITATION SYSTEM FOR EARLY CHILDHOOD PROGRAMS STARTING WITH CENTRE-BASED LONG DAY CARE

Government plans to establish an industry-based accreditation system for children's services beginning with centre-based long day care have the full support of the Australian Early Childhood Association. It is AECA's strong view that an accreditation system eventually needs to encompass the full range of early childhood programs. In the first instance it is sensible to focus on centre-based long day care, but moves need to be made quickly to extend accreditation to Family Day Care. As soon as possible after that, the system needs to be expanded to apply to the full range of early childhood programs. Because the focus now is on centre-based long day care, this paper talks of child care. In all instances, unless otherwise made clear, child care should be read, 'centre-based long day care'.

AIMS OF ACCREDITATION

The industry-based accreditation system to be established by Government should be expected to:

- improve the quality of care in all centres
- improve awareness and understanding of the need for good practice in child care
- create explicit industry standards for good practice
- improve job satisfaction of child care workers
- provide parents with assurance of quality in the programs they use
- provide Government with a lever to encourage improvements in centres providing inadequate care
- complement, rather than duplicate, other regulatory mechanisms such as State licensing conditions and industrial awards

Accreditation should have a general impact on quality

Australia's system will not be completely voluntary, as it will have a component related to fee relief. Realistically, to result in an improvement in quality in all centres, an Australian system needs to be simpler than some fully voluntary models used overseas; it needs to set standards which a majority of centres willing to make the necessary effort can achieve; and the standards need to be equally relevant to centres in all parts of Australia, regardless of clientele.

Accreditation should improve awareness and understanding of good practice in child care

There is still widespread failure to understand the significance of children's early experience. The quality of child care affects children's likelihood of achieving their full potential. The foundations for the development of the key competencies now being identified by the Mayer Committee as essential in a modern workforce are laid in childhood. From this national perspective, it is crucial that what amounts to a revolution in child rearing during the last decade, that is, the group care of young children, supports the national interest.

At a minimum, child care needs to ensure that children are given individualised attention if the well-documented disadvantages of instititutionalisation are to be avoided. More positively, good child care provides an opportunity to raise the general level of competency in the next generation by giving children in group care a better start than they would otherwise receive. Longitudinal research makes it clear that effective early childhood programs have lasting impacts on children, making an investment in program quality defensible in economic as well as human terms (Sylva, 1988).

Arguments that concerns for outcomes for children can be dismissed because they are motivated to protect early childhood careers reveal a serious lack of understanding of the importance to children, their families and, ultimately, the nation, of the quality of their experience in child care. Many children will spend 12,000 hours in child care over the course of their childhood (Greenman, 1991). This is more time than they will spend in primary and secondary schooling.

Industry-based accreditation which focuses on observable, child outcome measures will help to improve understanding of the nexus between experience and child development in the industry and in the wider community. At present, pressure to improve standards is coming largely from organisations and individuals with expertise in child psychology, pediatrics, care and education. With improved understanding of the issues, support for good quality early childhood programs can be expected to have a substantially expanded base.

Accreditation will create explicit standards of good practice for the child care industry

At present, there are no agreed industry standards against which a child care worker, a service, or a parent selecting a service, can judge performance. Agreed industry standards are also necessary if governments and other policy makers are to judge wisely among the competing claims for policy changes to the child care program.

State licensing regulations set lower limits, below which a centre cannot legally operate. These minimum standards by definition are minimums only and will not necessarily reflect

agreed best practice, even when national consistency has been achieved. At present there is little national agreement about even minimally adequate standards.

Accreditation will improve job satisfaction for child care workers

The high turnover among child care staff reflects in part a lack of job satisfaction (Baker & Robertson, 1992; Ryan, 1989; Northern Territory Children's Services Program Planning Committee, 1988, Laing, 1990). With an acute shortage of qualified child care staff in some States (eg SA Children's Services Office, 1991) and intense pressure on available resources in the TAFE and Higher Education sectors, unnecessary wastage in the trained child care workforce cannot be sustained. The stress of working intensively with young children will be reduced when workers are clear about and united in their goals, and work in an environment which supports the achievement of explicit and agreed goals.

Accreditation will provide quality assurance for parents

Accreditation acknowledges quality where it exists. By focusing on child outcomes, accreditation goes beyond setting the boundary conditions for care. It provides a direct measure of the adequacy of children's experiences in the centre. In this way, accreditation provides a level of quality assurance for parents that is not available through other regulatory mechanisms. For example, rather than stating that staff must possess child care qualifications (a licensing condition), accreditation would monitor the quality of the interaction between staff members and children. In any particular instance, a staff member with the necessary qualifications to meet licensing standards may lack the necessary skill to comply with an accreditation standard.

Government will have a mechanism to encourage centres to improve quality

Families using centres eligible for any form of Government subsidy are entitled to assume that the quality of service being provided meets Government standards. It is legitimate for Government to be concerned about standards of care in subsidised services, and to have the power to remove subsidy privileges from centres unwilling to improve standards should this prove necessary.

While it seems unlikely that a centre's failure to comply with fee relief related criteria would result in those families already receiving fee relief being denied further help, Government could refuse to allow the centre to continue offering fee relief to new parents until the areas of concern were rectified.

Accreditation should build on rather than duplicate existing regulations

It is unnecessary and undesirable that accreditation duplicate the functions of other regulatory bodies in child care. Accreditation should complement rather than substantially overlap with or replace existing regulations. Especially as individual centres may not elect to apply for or retain fee relief privileges, State licensing is necessary as a base-line protection for children in all programs. It is crucial for an agency to retain the legislative capacity to close centres when necessary. Similarly, it is necessary for employers and staff to retain legal recourse through the Industrial Relations Commission.

THE ACCREDITATION SYSTEM

To achieve the above goals, AECA considers that the accreditation system needs to balance simplicity, fairness, protection (of the service and the reviewer) and openness to variety in the interpretation of good practice.

Accreditation structure and process

The accreditation system needs to be developed according to the following principles: It needs to:

- Adequately represent through its structures the interests of the child care industry as a whole; in the first instance the centre-based long day care sector, but as soon as possible there-after the Family Day Care sector and, in the longer term, the broad range of children's services
- Ensure that functions are carried out by persons possessing the necessary skills
- Provide protection to the integrity of the system through its structures and processes

The accreditation process needs to embody the following principles:

- Accreditation assessments must be conducted by those with demonstrated expertise in the knowledge-base from which accreditation measures are derived;
- Accreditation decisions should be 'blind'. Neither the decision-makers, nor the services, should know the identity of the other;
- Accreditation status should be determined by more than one person.

We suggest a structure which consists of a Council, expert accreditation panels, and trained reviewers. The accreditation process would be as follows. A service wanting either mandated or full accreditation would apply to the Council to enter the accreditation process. The Council would send the service the necessary materials, and self study by the service would commence.

When ready, the service would complete their own assessment forms and notify the Council that they were ready for a reviewer to visit the service to confirm the self assessment. Following the visit, the reviewer would forward the anonymous service's self assessment and their own assessment to a small panel of experts for a decision. Panels would notify the Council of their decision, and, if the application has been unsuccessful, provide feedback and advice to the service about the action needed to achieve accredited status. Council would notify the service of the accreditation decision and would notify Government of mandated accreditation decisions. Government would make determinations regarding fee relief status, and any remedial action needed by centres to retain fee relief. Centres could lodge an appeal with the Council. Council would normally seek the advice of a second panel. If necessary, a second reviewer could be appointed.

The importance of self-study

AECA believes that an accreditation system needs to be premised on the prime importance of the self-study component as a mechanism to bring about meaningful and lasting improvements in quality. Experience with accreditation in other disciplines has found that self study is potentially the single most important element of accreditation, 'frequently yielding far more important discoveries and benefits than does the later accreditation site visit (Worthen & Sanders (1984). This is the strong view of NAEYC regarding their system of accreditation for early childhood programs (Bredekamp, 1989) and is one that is endorsed by AECA. If improvements in quality are to be long-lasting, a growth in understanding of why the centre operates as it does, or shy it needs to change in line with accreditation standards needs to occur among staff and parents.

However, self-study cannot become the only goal of accreditation. The self-study must refer to industry-standards. Self-evaluation within the centre needs to be subject to external review against the same industry standards in order to achieve accredited status.

Accreditation Council

The accreditation system should be governed by an independent Accreditation Council made up of representatives of the child care industry. Its membership should include peak industry bodies, representatives of the community-based sector, the commercial sector, consumers, the Commonwealth, State and Local Government, the ACTU, employer bodies and training institutions.

The Council would have the following functions:

- Policy making, management and evaluation of the system
- Selection of the expert panels
- Notification to services of the accreditation decision and provision of feedback and advice to unsuccessful services
- Notification to Government of mandated accreditation decisions
- Developing and operating a training system for reviewers
- Ongoing development of the system, including expansion of the system into other children's services
- Consumer awareness/education
- Financial management/accountability
- Public reporting to Government (depending on how established)

Panels

Council would appoint a number of panels each consisting of perhaps three persons with recognised competence to assess the reports of centre self-assessments and reviewer visits, and judge accreditation status.

The panels would have the following functions:

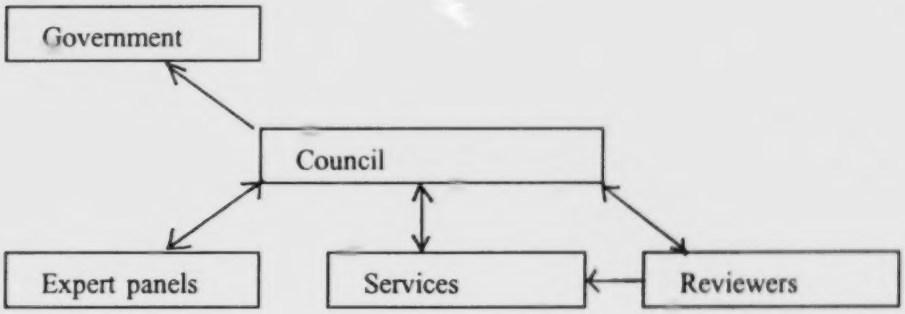
- Assess documentation provided by services and reviewers and decide accreditation status of the centre
- Notify Council of decision
- Serve as a quality control mechanism
- Provide advice to applying services on any areas for improvement

Reviewers

The reviewers would have the following functions:

- Verify accuracy of data collected by the service during a visit to the service
- Complete a program profile based on direct observation and discussion with director and Management Committee chair and/or proprietor
- Forward documentation to panel for decision

Figure 1. Structure of the Accreditation System



The importance of the expert panels

Panels would be appointed by the Council, but would make the accreditation decision, not the Council. We believe this is important for two reasons:

- the need for specific expertise
- the need to preserve anonymity

AECA believes that specific expertise will be required to assess the documentation prepared by the applying centre and the reviewer, particularly when there are areas of disagreement. Expert panels could be constituted so that there would have to be at least one person with specific expertise in the type of centre being reviewed (eg a remote area or Aboriginal centre, a centre serving a particular ethic community, etc.).

Panel members should have knowledge and experience in child development and developmentally appropriate practice in relation to young children, experience working in child care services and knowledge of the child care industry generally, as well as knowledge of the Australian accreditation system.

Experience with accreditation in other professions/industries underscores the need to build in mechanisms to ensure that the assessment outcomes are not vulnerable to corruption, mutual 'back scratching' or an assessor's self interest (eg, hurting the competition).
The best way to protect the system is to make the final decision on accreditation status anonymous.

The importance of expert reviewers

AECA believes that the reviewers are the key to quality control in the accreditation system. Accreditation rests on a body of expert knowledge about child development and

good practice that leads to positive outcomes for children. The integrity of the system will depend on assessments being made by people with the necessary expertise to understand what to look for and how to interpret what they are seeing. Reviewers must have demonstrated these skills to have credibility in the centres they are reviewing.

It is essential that reviewers have at least a two year qualification in a formally recognised course in early childhood, child care, or a related field, substantial experience in and knowledge of child care, and sensitivity to the particular circumstances of the services they review.

The most appropriate qualifications could vary from one part of the country to another, reflecting differences in staffing practices and concommitant variation in the appropriateness of local preservice courses. For example, in New South Wales, and now Queensland, it would be difficult for a reviewer lacking a three year early childhood teaching qualification to gain credibility in centres where this qualification is a licensing requirement. In other States, a two year child care qualification could be more appropriate than a three or four year preschool qualification.

Resistance to the notion of 'expertise'

Child care is a relatively new industry and does not yet have universally acknowledged expert leaders. For this reason calling for recognised expertise on panels and among reviewers poses problems and concerns that need to be recognised and addressed. There is legitimate concern that narrow interests not be able to'hijack' the industry and hold it to ransom. There is also concern that some academics with theoretical but little practical knowledge may lay claim to be the experts. Finally, there is a suspicion that university trained early childhood teachers may try to squeeze out other categories of child care workers from reviewing and/or deciding on accreditation status, and vice-versa.

All of these concerns should be addressed through the make-up and policies of the Council. The Council, as the policy body, needs to be in a position to appoint, train and monitor the performance of the reviewers, the expert panels and the system as a whole, including the tool. Provided the Council is properly representative, the interests of the industry as a whole should be served.

The need for critical scrutiny and the capacity to adapt over time

Experience with accreditation models in educational evaluation points to the need to ensure that the industry-based nature of accreditation does not lead to an uncritical acceptance of outdated but familiar practice which a naive outsider might rightly question (Worthen & Sanders, 1984). The whole accreditation system, including the tool, needs to be open to scrutiny and critical evaluation with particular allowance for 'outsider' reaction

in order to create a dynamic system which will be responsive to the emergence of new conditions.

The role of consumers

The Council needs to ensure that consumer interests are strongly represented. Parent input into the development of accreditation criteria is crucial, as is their input into a centre's self-evaluation.

THE ACCREDITATION TOOL

The accreditation tool needs to comprise the range of criteria which most directly relate to children's experience of care and which are considered by the industry to reflect best practice. A subset of the full set of criteria for accreditation are the criteria which must be met by centres receiving Commonwealth fee relief. These criteria will be referred to as the 'Fee Relief Criteria', and will be described in detail in the next section of this submission. This section presents AECA's position on features of the Accreditation tool as a whole.

Accredation criteria should:

- reflect good sense
- be based on knowledge of child development and Australian family needs
- be based on features of programs that can be changed
- be confined to key quality factors; or contributing factors that are not covered by other regulations
- allow for diversity by being expressed in the form of general principles
- be amenable to application to the full range of children's services with minimal modification

Accreditation criteria should reflect 'good sense'

All accreditation criteria must have 'face validity'. That is, they must appear sensible, and to relate in an understandable way to the industry's understanding of program quality. In considering the need for 'face validity', a distinction should be made between accreditation criteria as a whole and the subset of criteria making up the component of accreditation which is to be linked with the right to obtain fee relief. While all criteria need to be understandably linked to child outcomes, some of these links need not be obvious at first reading, though all need to be able to be understood through an educative and reflective process. Criteria of this kind should not be part of the 'mandated'

component of accreditation, however. The criteria to be linked with fee relief should be as obvious and important to the 'person on the street' as to child care experts without assistance (see below).

Child outcomes should be judged on the basis of what is known about the nature of child development, contemporary Australian family functioning and developmentally appropriate practice in child care

Although accreditation criteria should have understandable links with quality, that is, they should reflect 'good sense', they need to derive from more than simple 'common sense.' It is important that accreditation measures be solidly based on the body of expert knowledge of child development and child care if they are to genuinely assure quality for children. The tool needs to include measures of the degree to which centre practice supports and strengthens the role of Australian parents in raising their child.

Accreditation criteria should relate to standards that are amenable to change and can be reasonably expected of services across Australia

There may be little a service operating in non-purpose built centres can do about the physical structure of their building, such as the location and layout of the kitchen. There will be much they can do with the way they use their space and organise their program. Accreditation should focus on the latter. It is appropriate that standards for building design are developed, but they do not belong in an accreditation tool. If poor facilities result in inadequate programs, this should emerge in measures of interactions and curriculum.

Unless standards are realistic and achievable by average centres, providing staff have the necessary understanding of how to work effectively with children, accreditation risks becoming an elitist system which is unlikely to have much to offer average families.

Accreditation criteria should be confined to 'key quality factors' or important contributing factors that are not already addressed through other regulatory mechanisms

An accreditation system should not duplicate the baseline minimum standards contained in licensing regulations as this would represent duplication of effort and could lead to conflict. Where licensing regulations cover key quality factors such as interactions between staff and children, appropriate health and safety practices, the implementation of a developmentally appropriate, family-sensitive curriculum based on individual and group needs, and parent/staff collaboration, there will be some overlap with accreditation. Typically, the standard required for accreditation will be above that required for licensing. A good accreditation system builds on licensing.

Accreditation criteria should not be overly prescriptive

The accreditation process needs to encourage growth in staff understanding of the nature of their work. For this reason, accreditation standards should reflect underlying principles rather than easily copied, discrete behaviours. Although prescribed behaviours are more easily understood, identified and verified than are the general principles of good practice, very rarely in child care will any particular behaviour invariably be appropriate. If the accreditation tool is so explicit about how staff are to manage their program that the criteria can simply be learned and 'performed' parrot fashion to get through the accreditation procedure, it is unlikely that anything meaningful for children will have been achieved and, without an underlying understanding, it is unlikely that any improvements in standards will be sustained. The tool needs to contain explicit 'exemplars' as a guide, but these need to relate clearly to criteria which reflect more general principles and not stand alone, check list fashion, as in the draft Criterion booklet.

Perhaps more importantly, accreditation must not limit quality by overly defining 'one right way'. There will never be only one way. This is particularly so for children from diverse backgrounds and cultures.

MANDATED COMPONENT OF ACCREDITATION: FEE RELIEF CRITERIA

The mandated component must promote the integrity of the full voluntary system. Its criteria must be presented as part of the total system but be separately identified.

The purpose of the mandated component and its relation to accreditation should be clear; criteria linked to fee relief should be presented as a integral part of the accreditation tool; compliance with criteria linked to fee relief should not be called 'accreditation'.

It is important that the mandated quality criteria be an integral part of the full accreditation system for child care centres. They should appear as marked criteria needing to be met first for eligibility for fee relief within the full accreditation document. In describing compliance with the mandated criteria, it is vital that no confusion is generated between this level of compliance and accredited status. Neither the mandated criteria on their own, or compliance with them, should be referred to as 'accreditation'.

In addition to the characteristics listed for accreditation criteria, fee relief-linked criteria need to meet these additional tests:

- Obvious links to quality, those features of care (focused on outcomes) which all can agree no child should do without.

- It must be achievable with **minimum** inservice/resourcing support.

In their totality, the criteria should ensure that:

The program is balanced
The program provides for a balance of active and quiet activities, structured and unstructured experiences, relaxed and stimulating times, group and individual activities, predictability and spontaneity and for a variety of indoor and outdoor play as well as for variety within and between spaces.

The program is developmentally based
The program provides experiences needed by children to develop in all areas irrespective of class, culture, gender or disability.

The program is predictable
The program has sufficient regularity of routines, procedures and timetables and continuity of staff to enable children to develop a sense of security.

The program is responsive and flexible
The Program is based on the needs of the individual children in it, and is implemented in such a way as to involve a minimum of regimentation.

The program provides for the needs of all children
The Program is planned and implemented in a way which takes account of children with special needs.

The program is respectful and positive
The Program is based on treating children with respect and in ways which promote a positive self concept.

The Program promotes and protects the health and safety of children

There is a partnership
Parents are treated with respect and as full partners in the care of their child, and are encouraged to participate in the program in a meaningful way.

There is access to information and staff
Parents and staff exchange sufficient information and have sufficient opportunities to interact with each other to develop a working partnership.

Parents can exercise their rights as consumers
Parents have sufficient access to the centre to enable them form their own judgements of conditions and the nature of the program.

Staff development
Staff are encouraged to have short and long-term goals and are provided resources needed to work towards them.

Written policies

Services have written policies re staffing and centre operating procedures.

Proportion of accreditation that should be mandated

Criteria to be met for fee relief purposes should represent essential quality. Optimal standards represented by substantial compliance with the full accreditation criteria should remain centrally related to quality, but could be seen to be highly desirable, rather than essential.

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CAP 1

NAEYC's Center Accreditation Project: Goals and Philosophy

A major goal of the National Association for the Education of Young Children is to stimulate concern and support of all citizens for achieving quality environments for young children. To help achieve that goal, the Association has initiated developmental work on the Center Accreditation Project (CAP). The goal of NAEYC's Center Accreditation Project is to stimulate improvement of and give recognition to good quality programs for young children in the United States. The scope of the Project is broad; it will be designed for use in full- and part-day group programs in schools and centers serving children birth through age five.

The goal of the Center Accreditation Project is not just to recognize high quality programs, but to *improve* the quality of care and education provided for all young children. Such a broad goal cannot be met by simply inspecting centers, approving some and failing others, as is done in many accreditation procedures. Instead, programs which voluntarily express interest will enter into a form of partnership with NAEYC in which both parties will work together to achieve the highest quality care and education for children.

The CAP will not replace state licensing of early childhood centers. NAEYC supports the concept of licensing as a means to ensure the maintenance of minimum standards of quality in all programs (see p. 66).

Because the goals of the CAP are broad, no existing accreditation model can be easily adopted for its use. New methods of evaluating programs or innovative combinations of existing evaluation techniques must be generated. NAEYC is depending on its vast membership to assist in the development of this new concept. Exploring new options is always a challenge. But with the cooperation and input of its members, NAEYC can meet the challenge.

During 1983, NAEYC invites its members to examine the two major aspects of the Center Accreditation Project: the criteria to be used in making judgments about program quality and the process of applying the criteria in evaluating programs. Each issue of *Young Children* will address different components of an early childhood program. Affiliates, indi-

Jean Berlfein

vidual members, the staff of early childhood programs, and parents are encouraged to discuss the criteria of excellence related to each component and communicate their ideas to NAEYC. This discussion will continue at the 1983 Annual Conference, the theme of which is "What is quality child care?"

During the next few months, NAEYC challenges its members to think about and discuss processes that the CAP could use to work with programs to improve quality. The following philosophical concepts underlie the CAP. They are offered here with specific questions to help guide and direct the discussion.

■ **The personnel in early childhood centers should have an internal commitment to improve program quality.**

What can be done to challenge program personnel to objectively examine their programs and work toward improvement rather than to defend the status quo?

■ **A partnership based on mutual trust and respect between NAEYC and program personnel will facilitate and stimulate program improvement.**

How can the CAP be designed to foster collaborative rather than adversarial relationships between NAEYC and program personnel?

■ **Active involvement in the evaluation process by all individuals concerned—parents, staff, administrators—is essential for optimal program development.**

How can all the constituents of a program meaningfully participate in program evaluation and improvement?

■ **Recognition of and respect for individuality and diversity are essential to optimal program development.**

How can the CAP establish criteria of excellence while reflecting the diversity of the field of early childhood education?

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■ **The program must be considered as an integrated whole in order to assess and improve program quality.**

What methods of assessment can be used that guarantee an integrated approach to evaluation?

Viewing an early childhood program as a unified whole is essential. Programs exist which meet or even exceed minimum required standards, but which are not desirable environments for children. Likewise, some programs which may not appear to meet all criteria provide excellent care and education for children. What is the difference? We have all heard people say, "It looks like a good program but I wouldn't put my child there." Our challenge is to design an accreditation procedure which helps programs become the kind of environments in which all parents would gladly place their children.

Send written comments and suggestions to NAEYC—CAP, 1834 Connecticut Ave., N.W., Washington, DC 20009.

CAP 2

Three Components of High-Quality Early Childhood Programs: *Physical Environment, Health and Safety,* and *Nutrition*

NAEYC is in the process of developing a nationwide voluntary accreditation system for early childhood centers and schools serving groups of children from birth to age five. The Center Accreditation Project (CAP) will include three elements: an accreditation system, an information and referral service, and a public information campaign.

Current work on the accreditation system involves identifying the criteria to be used in evaluating the various aspects of an early childhood program and developing a procedure to be used in making judgments about schools and centers. Developmental work over the last few months has concentrated on identifying the essential criteria of a good quality environment for young children. This process has involved several steps—reviewing the research literature to determine the effects of various aspects of the environment on children, reviewing existing standards for early childhood programs, and surveying experts in the field for their ideas.

The development of criteria which describe an excellent program is only part of the accreditation system. Methods for applying the criteria to evaluate programs have yet to be determined. The goal of the accreditation system will be to develop collaborative relationships with center personnel during the evaluation process. NAEYC members are encouraged to think about and discuss ways of implementing such a collaborative system.

Those of us who have worked in early childhood programs realize that in order to determine program quality, we must examine the program as a whole. To facilitate communication, however, the criteria will address individual components of an early childhood program—the physical environment, health and safety, nutrition and food service, administration, staff qualifications and development, staff-parent interaction, staff-child interaction, curriculum, and evaluation.

Short commentaries in this issue of *Young Children* and in the next two issues will address each of these components. The purpose of these commentaries is not to provide a list of criteria which programs will be required to meet, but to

specify the goals that the CAP is trying to achieve by including each of these components in the project's criteria of excellence, and to identify some of the more controversial issues involved in group care of children which the membership may wish to discuss. Comments in this issue address the physical environment, health and safety, and nutrition and food service.

Richard E. Farkas

Physical environment

Carol Seaver stood outside the building which appeared to be an aging motel and shook her head. "Maybe I have the wrong address," she thought. "Surely this isn't the child development center that was so highly recommended." Venturing inside, she discovered creatively arranged classrooms and groups of young children busily involved in painting, building, reading books, listening to records, and numerous other activities. After observing for several hours and talking with the director, she decided that this "motel" was just the place for her daughter, Angela.

Carol discovered what many early childhood professionals have known for a long time—excellent early childhood programs can and do exist in physical environments that are less than ideal. A few fortunate programs have been able to design the environment to their specifications, but more often, an existing building is adapted for use by children's programs, which makes the task of providing a high quality physical environment more difficult but not impossible. Whether a space is designed or adapted, it must provide a comfortable living and learning environment for both children and adults.

Much is known about the influence of the physical environment on the people who live and work in it. Long empty hallways and large open spaces seem to compel children to run and shout. Crowded, confining quarters with few materials cause children to behave aggressively. Constant, excessive noise in the environment can lead to short tempers and physical exhaustion.

The physical environment of an early childhood center or school must be designed to reflect the knowledge we have about how environments affect people. But it must also be designed to meet the unique needs of young children who will spend long periods of time there interacting as part of a group. As early childhood teachers know, teaching groups of children is much different from par-

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enting a single child or even siblings in a home environment.

In order to evaluate the physical environment of a program for young children, it is important to address several key questions. How much space is necessary for children and adults to live and work together comfortably? How can the space be arranged to contribute to the program? What type of room arrangement facilitates learning as well as provides for personal needs of children and adults? How can the physical environment permit children moments of solitude away from the group? Some of the issues concerning the physical environment which must be addressed by program planners and evaluators are discussed here.

The amount of space provided both indoors and outdoors is important. Too little space can lead to obvious problems; likewise, too much space, although a less frequent occurence, can be counterproductive. Many standards require 35 square feet of space per child indoors and 75 square feet outdoors. Typically such figures represent *minimum* acceptable amounts. Unfortunately, in practice such standards often become absolutes. This type of standard is written in terms of meeting children's needs, yet adults and equipment take up space, too. More space than the minimum is generally desirable for good programming, and yet some excellent programs are implemented within minimum amounts of space.

The use of space is as important as the amount of space. Many programs compensate for less than ideal space by using lofts or moveable furnishings; in some climates, limited indoor space can be offset by greater outdoor space which permits the same activities to be conducted outdoors. Arrangement is important, too. For example, if children must pass through the block building area to get to their cubbies, conflicts will inevitably arise. Or, if art activities are located too far from a source of water, creative but messy projects will be inhibited.

Good quality environments provide a variety of materials and activities so that children can develop independence and the ability to make choices. Materials are available on low, open organized shelves. The options in materials are periodically changed to provide variety.

The physical environment must provide for the personal needs of the people who live in it. Children need space that they can identify as their own to keep a change of clothes or other personal items, particularly if they spend the whole day in the center. Even in a one-half day program, children need their own hook to hang their coat on and to help them feel that they are a part of the place.

Early childhood centers are sometimes modeled on elementary schools and therefore can become like institutions. Elements of a home environment should be evident as much as possible. Both children and adults need privacy at times and provision should be made for people to enjoy solitude. Children need elements of softness in the environment, such as carpets, cushions, mats, and soft laps upon which to snuggle.

The physical environments of early childhood centers and schools differ greatly. Many excellent early childhood programs are located in public school buildings or in churches which are not always optimal arrangements.

yet good quality programs can occur in such spaces. On the other hand, some centers are beautiful physically, but closer inspection may reveal that children are not interacting with materials or adults. Excellent physical facilities do not ensure that good quality care and education occur in the setting, but attention to the various aspects of the physical environment and creative use of available space can and does increase the likelihood that a good quality program will occur.

Health and safety

"You'll never believe what Brian said to me today," Diane said to her mother in their weekly phone conversation about the grandchildren's latest antics. "He said that Joe and I should practice fire drills. I guess he picked it up at school. Can you imagine a four-year-old talking about fire drills?" Both mother and grandmother laughed about Brian's precociousness. "But I think I will talk to Joe about it. I'm glad Brian is learning about safety at school. I guess we don't spend enough time on that at home."

Brian is not only precocious; he is lucky. He is lucky that he is enrolled in an early childhood program which not only provides a safe and healthy environment for the children but which also teaches the children the daily importance of safe and healthy practices.

One of the most critical issues surrounding care and education of young children in group situations concerns providing a safe and healthy environment for them. New parents go through the process of child-proofing their homes, but group programs require more careful planning and preparation. Maintaining a safe and healthy environment in an early childhood program requires that adults not only take precautions but also educate children.

Most health and safety requirements are not controversial. There is universal agreement that emergency procedures must be understood and practiced by all involved. A center must protect young children from dangerous situations such as fire and busy streets. Medicines and other harmful chemicals must be kept in locked cabinets, inaccessible to children. In certain situations, the danger is too great to permit taking risks.

Preventing accidents is an important function of staff in early childhood programs. Equipment that is available in centers and schools, such as climbing apparatus, is important for healthy development of children but must be used with adequate supervision and appropriate caution.

Preventing the spread of disease in group care situations is particularly important. Child care centers have recently come under attack as disease-spreading institutions. Such reports serve to increase attention and focus efforts on ensuring that health and safety standards are maintained. **A concerted effort is needed to obtain more information and to develop procedures to prevent the spread of illness among children and adults.** Immunization of both children and adults remains the most important factor in controlling major infectious diseases. Staff need training in how to deal with sanitation properly and with personal health habits such as handwashing, particularly in group care of infants and toddlers.

Parents and early childhood profes-

Hildegard Adler

sionals will agree that a safe and healthy environment is a prerequisite for every group program. No amount of good curriculum planning or positive adult-child interaction will compensate for an environment that is dangerous for children.

Nutrition

"Why don't we ever have carrot kugel for supper?" asked Madeleine as her parents were fixing supper. "We had it at school today and it's really good. We even helped make it." Her parents looked startled but tried not to show their surprise. "Maybe you can tell us how to fix it," they replied.

Madeleine is a five-year-old who attends an all-day kindergarten program while her parents work. The center stresses the importance of providing children with nutritious meals and snacks and also educates children and parents about sound nutrition.

The provision of a good quality food service in an early childhood program is related to maintaining a healthy environment. Of course, programs which prepare food on the premises or serve food prepared elsewhere must maintain sanitary conditions.

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Proper nutrition is an integral component of fostering child development. If children are to develop optimally and learn to their fullest potential, they must eat properly. Good quality programs guarantee that children's nutritional needs are met during the time they spend at the center—whether through providing healthy snacks in a half-day program; supplying breakfast, lunch, and snacks in a full-day center; or educating parents and children about what foods may be brought from home.

Staff and parents need to communicate regularly about the eating habits of children and nutritional practices of the center. Parents need to know specifically about infants' and toddlers' food intake.

Mealtimes and snacktimes are important social occasions for children and adults. Babies should be held during feeding; propping bottles for infants is potentially dangerous and incompatible with the needs of very young children. With older children pleasant mealtime conversation is important.

An excellent early childhood program, regardless of the length of day or the number of children served, meets the nutritional needs of children and families through safe and healthy food service and nutrition education.

Conclusion

The preceding statements present the *goals* that NAEYC's Center Accreditation Project will attempt to achieve for early childhood schools and centers in the areas of physical environment, health and safety, and nutrition and food service. These brief statements are not intended as comprehensive lists of criteria to be met but as principles and rationale underlying the accreditation system. The membership of NAEYC Affiliate Groups, staff of early childhood programs, and parents are encouraged to discuss these issues and share their reactions and response with NAEYC staff and CAP steering committee members.

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CAP 5

Progress Report on the Center Accreditation Project

During the past year NAEYC has been developing a nationwide voluntary accreditation system for early childhood centers and schools. This progress report reviews the developmental work on the Center Accreditation Project (CAP) and the proposals which NAEYC's Governing Board is considering.

Throughout the developmental process, NAEYC members and Affiliate Groups have shared helpful suggestions and resources. Once again, NAEYC members and Affiliate Groups are encouraged to study these proposals and send written comments and suggestions to NAEYC Headquarters by *February 1, 1984*.

National Academy of Early Childhood Programs

The goal of the Center Accreditation Project is to develop a system that will identify and improve the quality of care and education of young children in the United States. To accomplish this goal, NAEYC will establish a new organization, the National Academy of Early Childhood Programs (the Academy). Centers and schools working toward accreditation will join the Academy as candidate programs. Those who proceed successfully through the accreditation process will be designated as accredited programs. The purpose of the Academy is to improve the quality of care and education for young children through the provision of educational resources, the accreditation of high quality programs, and dissemination of information to the public.

The Academy will provide an opportunity for early childhood centers to belong to an organization specifically designed to meet their needs, and it will represent their interests in the larger community. Just as individuals who join NAEYC and its Affiliates receive benefits which contribute to individual professional development, early childhood programs that join the Academy will be entitled to specific services. Unlike NAEYC, however, Academy members will not be individuals but early childhood centers and schools serving groups of at least ten children between the ages of birth and five, or children from five to eight years old before and after school. Each center which occupies a different location must join separately. The Academy will initially serve only center-based programs, not home-based programs such as family day care.

Some of the services of the Academy will be direct. For instance, Academy members will receive publications to help them provide better care and education for groups of young children. Member programs will receive materials to conduct a self-study, which will involve an in-depth internal program evaluation. The results of this self-study will be used in the accreditation process. Member programs will also be entitled to discounts on various publications, specially designed training materials, and group rates for insurance.

Membership in the Academy will also provide linkage with a national network of other early childhood programs committed to providing good quality care and education for young children. To facilitate communication and networking, the Academy will have an information and referral service available to members through a toll-free telephone number.

The accreditation of programs that meet Academy Criteria will serve to recognize excellent programs and be an incentive for those that

are striving to improve services. The accreditation function of the Academy will also serve to upgrade the early childhood profession because true professions monitor themselves.

Most important, the Academy will represent its member organizations and their commitment to good quality early childhood education to the public. Early childhood educators are concerned about the low image and status that they are accorded by the general public. A major goal of the Academy will be to see that Early Childhood Education as a profession and the needs of young children are adequately and accurately publicized.

The Academy is a new concept. Like all new ideas, it will take time to be accepted and understood. Its goals are lofty and it will require the support and input of NAEYC's vast membership if it is to be successfully implemented. NAEYC funds will be sufficient for only a portion of the project. Additional contributions from other sources will be necessary if the Academy is to be implemented as conceived.

What would membership in the Academy mean to an early childhood program? What will the accreditation system be like? What are the criteria that programs will be asked to meet? The following scenario depicts the proposed accreditation system and may help to answer these and other questions about the Academy.

The Accreditation System

"I called this special meeting today to get everyone's ideas about an important new project," said Ellen Lang, the director of a child development center serving 60 children in both full-day and half-day groups, to her staff of teachers and assistants. "As you know, NAEYC is starting a new organization which our center is planning to join. Our Board has already voted to join the National Academy of Early Childhood Programs. They felt that the publications, information and referral service, and other benefits would be worth the annual membership fee. They also felt strongly that they wanted our center to be represented by membership in a prestigious national organization.

"What we need to discuss today are the procedures for becoming accredited. My feeling is that we have an excellent program. We know that we provide good quality care for our children. I would like to see us work toward accreditation because I would like all of you to receive some of the recognition you deserve."

"Well, that sounds good, Ellen," said Consuela Martinez, a teacher of three-year-olds who had worked in the center for five years. "But what will we have to do and will it mean more work for us?"

"I've studied the Criteria and it is true that we will have to make some improvements, but mostly we will have to examine as a staff what we are already doing and document the kind of program we offer. We will divide the tasks so no one is asked to do too much and we will get some of the parents to help. The most important thing is that this is our chance to conduct the kind of in-depth program evaluation that we have wanted to do for a long time."

Ellen and her staff are discussing the most important element in the accreditation process, the self-study. Its purpose is to provide an opportunity for the entire staff of an early childhood program to examine the program's operations and to identify strengths and weaknesses.

"Can you give us an idea of what will be involved in this accreditation?" another staff member insisted.

"The first step is the self-study. When we join the Academy we receive the materials that we will need to conduct it. When we finish, we send a report to Academy headquarters in Washington, D.C. The staff there will read the report, and if they have any questions, they'll call us for clarification. Once they feel that the report is complete and we feel that we are ready, they will assign two people to conduct an on-site validation visit."

"Will those people decide if we get accredited?" asked John Watkins, the four-year-old group teacher.

"No. Those people are called validators. What they do is verify that the information we put in the self-study report is an accurate reflection of the day-to-day operations of our program."

"Then who decides if we get accredited?"

"The validators will report their findings to a group of three people who are called a Commission. The Commissions are made up of experts in the field of Early Childhood Education who have lots of experience working in programs. They will examine the total report, our self-study, and the validators' reports, and

make a decision using professional judgment as to whether what we are doing is worthy of accreditation."

"How can they decide if they haven't visited our center?" Consuela asked.

"Well, as I understand it, this process will enable them to be more objective about our program. They won't be influenced by personalities. They will be able to take everything into consideration. For instance, our playground wouldn't win any architectural prizes. We know that it is hard to maintain a playground that is also used by the neighborhood children on weekends. I think we do a great job of compensating by supplementing the outdoor equipment each day and taking the children to the town park several times a week. We need to convey to the Commission that we meet the Criteria for providing a good outdoor experience even though we may not do it in the traditional way."

"Oh, I get it. Instead of just going through a checklist of *dos* and *don'ts*, the Commission will look at the total program."

"That's right. The Accreditation Manual says that programs that meet all the criteria will be rare and that total compliance is not necessary for accreditation. They will tell us what they think we should work on. If too many aspects of the program need work, they will defer our accreditation until improvements have been made."

The accreditation decision is another critical element in the process. The decision-making process considers the diversity that exists in the field of Early Childhood Education and recognizes that the quality of an early childhood program is best determined as the result of professional judgment.

"OK, I think we get the picture now," John said. "But what I want to know is, what are the criteria? On what basis will we be judged?"

"I have made copies of the Criteria for all of us. Some of the Criteria, such as the requirements for health, safety, and nutrition, are basic. We can only answer *yes* or *no*. Other Criteria allow for more diversity, particularly in the area of curriculum. For instance, there are many ways to individualize an early childhood program, so there is more flexibility in meeting the Curriculum Criteria.

"Let's begin by dividing tasks today and set a time for a meeting in two weeks to see how things are going. But before we leave I want to remind all of you that we know we have a good program. We also know it can be improved. You all have ideas you have been wanting to share. This is an opportunity for us to implement some of those ideas and be recognized by our peers for the good job we are doing for children and parents."

Draft of Criteria for High Quality Early Childhood Programs

A draft of the Criteria to be used to evaluate the quality of programs is included here. The first draft was developed by reviewing about 50 other evaluation documents and the research literature on the effects on children of various components of an early childhood program. The validity of the Criteria as indicators of a good quality program was then tested by submitting them to approximately 250 Early Childhood Specialists throughout the country. The Criteria were then revised based on the recommendations of the 175 specialists who responded.

The draft which appears here will continue to be revised. NAEYC's Governing Board will appoint a review panel to conduct a final examination of the Criteria taking into consideration any suggestions from NAEYC members and Affiliate Groups. That panel will meet in the spring of 1984. Final recommendations for the Criteria will be made to the Governing Board in July 1984. **NAEYC members and Affiliate Groups are encouraged to submit their comments and suggestions in writing to NAEYC by February 1, 1984.**

The Criteria document is concise by design. The self-study materials which will accompany the Criteria will provide needed clarification and explanation in many instances. For example, the Criteria as written are stated very generally and cover a broad range of age groups—birth to age five and five- to eight-year-olds before and after school. Some Criteria will apply to all age groups served. For example, all programs need a written philosophy available to parents and staff, but the curriculum will vary greatly depending on the age group served. In this case, the Criteria are stated generally with reference to developmental appropriateness. Such general guidelines will be clarified in detail in the self-study materials.

NAEYC defines a high quality early childhood program as one which meets the needs of and promotes the physical, social, emotional, and cognitive development of the children and adults—parents, staff, and administrators—who are involved in the program. Each day of a child's life is viewed as leading toward the growth and development of a healthy, intelligent, and contributing member of society.

The Criteria address ten components of group programs for young children. Each of these components is followed by a brief goal statement. Following each goal statement are the Criteria which indicate that the goal is being achieved.

Definitions

Criteria: standards by which the components of a good quality early childhood environment will be judged

Centers: part-day and full-day group programs in schools and centers serving a minimum of ten children birth through age five and/or five- to eight-year-olds before and/or after school

Staff: paid people who have direct responsibilities for the care and education of the children

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DRAFT

Criteria for High Quality Early Childhood Programs

I. Physical Environment

The indoor and outdoor physical environment fosters optimal growth and development through opportunities for exploration and learning.

A. The indoor and outdoor environments are safe, clean, attractive, and spacious. There is a minimum of 35 square feet of usable playroom floor space indoors per child and a minimum of 75 square feet of play space outdoors per child. Limited indoor space may be offset by sheltered outdoor space where climate permits reliance on outdoor space for activities normally conducted indoors. Limited outdoor space may be offset by a greater amount of indoor space, such as a gym, permitting an equivalent activity program.

B. Activity areas are defined clearly by spatial arrangement. Space is arranged so that children can work individually, together in small groups, or in a large group. Space is arranged to provide clear pathways for children to move from one area to another and to minimize distractions.

C. The space for toddler and preschool children is arranged to facilitate a variety of small group and/or individual activities, including block building, sociodramatic play, art, music, science, math, manipulatives, and quiet book reading. Other activities such as sand/water play and woodworking are also available on occasion. Carpeted areas and ample crawling space are provided for nonwalkers. Sturdy furniture is provided so nonwalkers can pull themselves up or balance themselves while walking. School-age children are provided separate space arranged to facilitate a variety of age-appropriate activities.

D. Age-appropriate materials and equipment of sufficient quantity, variety, and durability are readily accessible to children and arranged on low, open shelves to promote independent use by children.

E. Individual hanging space for children's clothing and space for each child to store personal belongings is provided.

F. Private areas are available indoors and outdoors for children to have solitude. The environment includes soft elements such as rugs, cushions, or rocking chairs.

G. Sound absorbing materials are used to cut down on excessive noise.

H. The outdoor area provides a variety of surfaces such as hard surface areas for wheel toys, soil, sand, grass, hills, and flat areas. The outdoor area provides shade, open space, digging space, and a variety of equipment for riding, climbing, balancing, and individual play. The outdoor area is protected from access to streets or other dangerous areas.

II. Health and Safety

The health and safety of children and adults are protected and enhanced.

A. The center is in compliance with the legal requirements for protection of the health and safety of children in group settings. The center is licensed or accredited by the appropriate local/state agencies. If exempt from licensing, the center demonstrates compliance with its own state regulations.

B. Each adult is free of physical and psychological conditions that might adversely affect children's health. Staff receive pre-employment physical examinations, annual tuberculosis tests, and evaluation of any infection. No member of the staff is under investigation for or has a previous record of child abuse or neglect.

C. A written record is maintained for each child, including the results of a complete health evaluation by an approved health care resource within six months prior to enrollment, record of immunizations, emergency contact information, names of people authorized to call for the child, and pertinent health history (such as allergies or chronic conditions). Children have received the necessary immunizations as recommended for their age group by the American Academy of Pediatrics.

D. The center has a written policy specifying limitations on attendance of sick children. Provision is made for the notification of parents, the comfort of ill children, and the protection of well children.

E. Provisions are made for safe arrival and departure of all children which also allow for parent-staff interaction. If transportation is provided by the center for children, vehicles are equipped with age-appropriate restraint devices.

F. Children are under adult supervision at all times. If children are not in the direct vision of adults, adults are aware of where they are and what they are doing.

G. Staff is alert to the health of each child. Individual medical problems and accidents are recorded and reported to staff and parents. Suspected incidents of child abuse and/or neglect by parents or staff are reported to appropriate local agencies.

H. At least one staff member, who has certification in emergency first aid treatment and cardiopulmonary resuscitation (CPR) from a licensed health professional, is always in the center. Adequate first aid supplies are readily available. A plan exists for dealing with serious medical emergencies.

I. Children are dressed appropriately for outdoor activities. Extra clothing is kept on hand for each child.

J. The facility is cleaned daily to disinfect bathroom fixtures and remove trash. Infants' equipment is washed and disin-

fected at least twice a week. Toys which are mouthed are washed daily. Soiled diapers are disposed of or held for laundry in closed containers inaccessible to the children. The cover of the changing table is either disinfected or disposed of after each change of a soiled diaper.

K. Staff wash their hands with soap and water before feeding and after diapering or assisting children with toileting or nose wiping. A sink with running hot and cold water is adjacent to the diapering area.

L. All equipment and the building are maintained in a safe, clean condition and in good repair (for example there are no sharp edges, splinters, protruding or rusty nails, or missing parts). Infants' and toddlers' toys are large enough to prevent swallowing or choking. Staff maintenance responsibilities, except emergencies, require minimal time when children are present.

M. Individual bedding is washed once a week and used by only one child between washings. Individual cribs, cots, or mats are washed if soiled. Sides of infants' cribs are in a locked position when occupied.

N. Toilets, drinking water, and handwashing facilities are easily accessible to children. Soap and disposable towels are provided. Children wash hands after toileting and before meals. Hot water temperature does not exceed 110°F (43° C) at outlets used by children.

O. All rooms are well lighted and ventilated. Screens are placed on all windows which open. Electrical outlets are covered with protective caps. Floor coverings are attached to the floor or backed with non-slip materials. Nontoxic building materials are used.

P. Cushioning materials such as mats, wood chips, or sand are used under climbers, slides, or swings. Climbing equipment and swings are securely anchored.

Q. All chemicals and potentially dangerous products such as medicines or cleaning supplies are stored in original, labeled containers in locked cabinets inaccessible to children. Medication is administered to children only when a written order has been submitted by a parent, and the medication is administered by a consistent designated staff member.

R. All staff are familiar with primary and secondary evacuation routes and practice evacuation procedures monthly with children. Written emergency procedures are posted in conspicuous places.

S. All staff are familiar with emergency procedures such as operation of fire extinguishers and procedures for severe storm warnings. Smoke detectors and fire extinguishers are provided and periodically checked. Emergency telephone numbers are posted by phones.

III. Nutrition and Food Service

The nutritional needs of children and adults are met in a manner that promotes physical, social, emotional, and cognitive development.

A. Meals and/or snacks are planned to meet the child's nutritional requirements as recommended by the Child Care Food Program of the U.S. Department of Agriculture in proportion to the amount of time the child is in the program each day.

B. Menu information is provided to parents. Feeding times and food consumption information is provided to parents of infants and toddlers at the end of each day.

C. Mealtimes promote good nutrition habits. Toddlers and preschoolers are encouraged to serve and feed themselves.

Steve Herzog

Chairs, tables, and eating utensils are suitable for the size and developmental levels of the children. Mealtime is a pleasant social and learning experience for children. Infants are held in an inclined position while bottle feeding. Foods indicative of children's various cultural backgrounds are served periodically. At least one adult sits with children during meals.

D. Food brought from home is stored appropriately until consumed.

E. Where food is prepared on the premises, the center is in compliance with legal requirements for nutrition and food service. Food may be prepared at an approved facility and transported to the program in appropriate sanitary containers and at appropriate temperatures.

IV. Administration

The program is efficiently and effectively administered with attention to the needs and desires of children, parents, and staff.

A. At least annually the director and staff conduct an assessment to identify strengths and weaknesses of the program and to specify program goals for the year.

B. The center has written policies and procedures for operating, including hours, fees, illness, holidays, and refund information.

C. The center has written personnel policies including job descriptions, compensation, resignation and termination, benefits, and grievance procedures. Hiring practices are nondiscriminatory.

D. Minimum benefits for full-time staff include health or hospital insurance coverage that is provided or arranged, sick leave, annual leave, and Social Security or some other retirement plan.

E. Records are kept on the program and related operations such as attendance, health, confidential personnel files, and board meetings.

F. In cases where the center is governed by a Board of Directors, the center has written policies defining roles and responsibilities of Board members and staff.

G. Fiscal records are kept with evidence of long range budgeting and sound financial planning.

H. Accident protection and liability insurance coverage is maintained for children and adults.

I. The director is familiar with and makes appropriate use of community resources including social services, mental and physical health agencies, and educational programs such as museums, libraries, and neighborhood centers.

J. Staff and administration communicate frequently. There is evidence of joint planning and consultation among staff. Regular staff meetings are held for staff to consult on program planning, to plan for individual children, and to discuss

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program and working conditions. Staff are provided paid planning time.

K. Staff members are provided space and time away from children during the day. When staff work directly with children for more than four hours, they are provided breaks of at least 15 minutes in each four-hour period.

L. The number of children in a group is limited to facilitate adult-child interaction and constructive activity among children. Groups of children may be age-determined or multi-age, except that children in diapers are grouped separately. Maximum group size is determined by the distribution of ages of children in the group. Optimal group size would be smaller than the maximum. Group size limitations are applied indoors to the group that children are involved in during most of the day. Group size limitations will vary depending on the type of activity, whether it is indoors or outdoors, the inclusion of children with special needs, and other factors. A group is the number of children assigned to a staff member or team of staff members, occupying an individual classroom or well-defined physical space within a larger room.

M. Sufficient staff with primary responsibility for children are available to provide frequent personal contact, meaningful learning activities, supervision, and to offer immediate care as needed. The ratio of staff to children will vary depending on the age of the children, the type of program activity, the inclusion of children with special needs, the time of day, and other factors. Staffing patterns should provide for adult supervision of children at all times and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency. Staff/child ratios are maintained in relation to size of group. Staff/child ratios are maintained through provision of substitutes when regular staff members are absent (See Table 1).

N. Each staff member has primary responsibility for and develops a deeper at-

Table 1. Acceptable range of staff/child ratios within group size.

	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-18 mos.)	1:3	1:4								
Toddlers (18-35 mos.)	1:3	1:4	1:5							
Two- and three-year-olds		1:4	1:5	1:6						
Three-year-olds			1:5	1:6	1:7	1:8				
Three- and four-year-olds					1:7	1:8	1:9	1:10		
Four-year-olds						1:8	1:9	1:10		
Four- and five-year-olds						1:8	1:9	1:10	1:11	1:12
Five- to eight-year-olds (school-age care)								1:10	1:11	1:12

tachment to an identified group of children. Every attempt is made to have continuity of adults who work with children, particularly infants and toddlers. Infants spend the majority of the time interacting with the same person each day.

V. Staff Qualifications and Development

The program is staffed by adults who understand child development and who recognize and provide for children's needs.

NOTE: NAEYC's Governing Board is considering three options for dealing with staff qualifications. The membership is asked to consider these options and send comments to NAEYC Headquarters.

1. Specify degrees and/or credentials which would be required of all staff members with identified equivalencies.
2. Specify degrees and credentials which would be recommended for the present and required after a grace period of perhaps five years.
3. Permit differential staffing in which only the program director and a portion of the staff would have to meet specific qualifications. For instance, perhaps 50 percent of the teachers would need to have formal training while the others would not.

A. The program is staffed by individuals who are 18 years of age or older and who have been trained in child development/early childhood education and who demonstrate the appropriate personal characteristics for working with children as exemplified in the Criteria for staff-child interaction and curriculum. Staff working with school-age children have been trained in child development, recreation, or a related field. The amount of training required will vary depending on the level of professional responsibility required by the position (See Table 2).

B. The chief administrative officer of the center has training and/or experience in business administration. If the chief administrative officer is not an Early Childhood Specialist, an Early Childhood Specialist is employed to direct the educational program.

C. New staff are adequately oriented about goals and philosophy of the center, emergency health and safety procedures, special needs of individual children assigned to the staff member's care, guidance and classroom management techniques, and planned daily activities of the center.

Table 2. Proposed titles, responsibilities, and training requirements.

Level of professional responsibility	Training requirements
Level 1—Early Childhood Assistant Preprofessional workers who carry out program activities under supervision of the professional staff	Participation in professional development programs
Level 2—Early Childhood Teacher Professionals who are in charge of groups of children	At least a Child Development Associate credential (CDA) *or* an A.A. degree in Early Childhood Education/Child Development *and* at least one full year of teaching experience
Level 3—Early Childhood Specialist Professionals who direct educational programs in early childhood centers, supervise and train staff, and design curriculum	At least a B.A. degree in Early Childhood Education/Child Development which includes or is supplemented by at least one year of full-time experience working with young children and also includes training and experience in supervision of adults, curriculum design, and staff development

D. The center provides regular training opportunities for staff to improve skills in working with children and families and expects staff to participate in staff development. These may include attendance at workshops and seminars, visits to other children's programs, access to resource materials, in-service sessions, or enrollment in college level/technical school courses. Training addresses the following areas: health and safety, child growth and development, planning learning activities, guidance and discipline techniques, linkages with community services, communication and relations with families, and detection of child abuse.

E. Accurate and current records are kept of staff qualifications including transcripts, certificates, or other documentation of continuing in-service education.

VI. Staff-Parent Interaction

Parents are well informed about and welcome as observers and contributors to the program.

A. Information about the program is given to new and prospective families, including written descriptions of the program's philosophy and operating procedures. Information is provided in the parents' native language or interpreted.

B. A process has been developed for orienting children and parents to the center which may include a preenrollment visit, parent orientation meeting, or gradual introduction of children to the center.

C. Staff and parents communicate regarding home and center childrearing practices in order to minimize potential conflicts and confusion for children.

D. Parents and other family members are encouraged to be involved in the program in various ways, taking into consideration working parents and those with little spare time. Parents are welcome visitors in the center at all times (for example, to observe, eat lunch with a child, or volunteer to help in the classroom).

E. A verbal and/or written system is established for sharing day-to-day happenings that may affect children. Changes in a child's physical or emotional state are regularly reported.

F. Conference times are held at least once a year and at other times, as needed, to discuss children's progress, accomplishments, and difficulties at home and at the center.

G. Parents are informed about the center's program through regular newsletters, bulletin boards, frequent notes, telephone calls, and other similar measures.

VII. Staff-Child Interaction

Interactions between children and staff provide opportunities for children to develop an understanding of self and others and are characterized by warmth, personal respect, individuality, positive support, and responsiveness.

A. Staff interact frequently with children. Staff express respect for and affection toward children by smiling, touching, holding, and speaking to children at their eye level throughout the day, particularly on arrival and departure, and when diapering or feeding very young children.

B. Staff are available and responsive to children, encouraging them to share experiences, ideas, and feelings, and listening to them with attention and respect.

C. Staff speak with children in a friendly, positive, courteous manner. Staff converse frequently with children, asking open-ended questions and speaking individually to children (as opposed to the whole group) most of the time.

D. Staff are knowledgeable about and respect the cultural backgrounds of children and adapt the learning setting to recognize heritages and acquaint children with the cultural diversity of the group.

E. Staff encourage developmentally appropriate independence in children. Staff foster independence in routine activities—picking up toys, wiping spills, personal grooming (toileting, washing hands), obtaining and caring for materials, and other self-help skills.

F. Staff use positive techniques of guidance, including redirection, anticipation and elimination of potential problems, positive reinforcement, and encouragement rather than competition, comparison, or criticism. Staff abstain from corporal punishment or other humiliating or frightening discipline techniques. Consistent, clear rules are explained to children and understood by adults.

G. Staff respect the child's right to choose not to participate at times.

H. Environmental sound is primarily marked by pleasant conversation, spontaneous laughter, and exclamations of excitement rather than harsh, stressful noise or enforced quiet.

VIII. Child-Child Interaction

Staff facilitate interactions among children to provide opportunities for development of social skills and intellectual growth.

A. Staff assist children to be comfortable, relaxed, happy, and involved in play and other activities.

B. Staff foster cooperation and other prosocial behaviors among children.

C. Staff expectations of children's social behavior are developmentally appropriate.

D. Children are encouraged to verbalize feelings and ideas.

IX. Curriculum

The curriculum encourages children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, and to pursue their own interests in the context of life in the community and world.

A. The curriculum is planned to reflect the program's philosophy and goals for children.

B. Staff plan realistic curriculum goals for children based on assessment of individual needs and interests. Modifications are made in the environment when necessary for children with special needs. Staff make appropriate professional referrals where necessary.

C. The daily schedule is planned to provide a balance of activities on the following dimensions:

1. indoor/outdoor
2. quiet/active
3. individual/small group/large group
4. large muscle/small muscle
5. child initiated/staff initiated

D. Staff members continually provide learning opportunities for infants and toddlers, most often in response to cues emanating from the child. Infants and toddlers are permitted to move about freely, exploring the environment and initiating play activities.

E. Developmentally appropriate materials and equipment which project heterogeneous racial, sexual, and age attributes are selected and used.

F. Staff plan a variety of developmentally appropriate activities and provide materials that are selected to emphasize concrete experiential learning and to achieve the following goals:

1. foster positive self-concept
2. develop social skills
3. encourage children to think, reason, question, and experiment
4. encourage language development

5. enhance physical development and skills
6. encourage and demonstrate sound health, safety, and nutritional practices
7. encourage creative expression and appreciation for the arts
8. respect cultural diversity of staff and children, and
9. reflect aspects of life in a democratic society.

G. Staff provide materials and time for children to select their own activities throughout the day. Children may choose from among several activities which the teacher has planned or the children initiate.

H. Staff conduct smooth and unregimented transitions between activities. Children are seldom required to move from one activity to another as a group. Transitions are planned as a vehicle for learning.

I. Staff are flexible enough to change planned or routine activities according to the needs or interests of the children or to cope with changes in weather or other situations which affect routines without unduly alarming children.

J. Routine tasks are incorporated into the program as a means of furthering children's learning, self-help, and social skills. Routines such as diapering, toileting, eating, dressing, and sleeping are handled in a relaxed, reassuring, and individualized manner based on developmental needs. Staff plan with parents to make toilet training, feeding, and the development of other independent skills a positive experience for children. Provision is made for children who are early risers and for children who do not sleep.

X. Evaluation

Systematic assessment of the effectiveness of the program in meeting its goals for children, parents, and staff is conducted to ensure that quality care and education are provided and maintained.

A. The director evaluates all staff at least annually and privately discusses the evaluation with each staff member. The evaluation includes classroom observations. Staff are informed of evaluation criteria in advance. Results of evaluations are written and confidential. Staff have an opportunity to evaluate their own performance. A plan for staff training is generated from the evaluation process.

B. At least annually, staff, other professionals, and parents are involved in evaluating the program's effectiveness in meeting the needs of children and parents.

C. Individual descriptions of children's development are written and compiled as a basis for planning appropriate learning activities, as a means of facilitating optimal development of each child, and as records for use in communications with parents. These may consist of anecdotal records, classroom and playground observations, individually administered tests, locally or nationally developed progress checklists, dated compilations of children's work, or case studies.

Promote Your National Center Accreditation!

by Karen Stephens

If you are reading this article, congratulations! Chances are you are currently accredited by NAEYC's National Academy of Early Childhood Programs, about to be accredited, or will soon be beginning the effort.

Accreditation is a significant milestone in a program's development. After completing the process, you are deservedly proud. . . and exhausted! And now, after putting in all that painstaking work, you are about to read that there is more to be done. (No, I'm not kidding.) Namely, promoting your accreditation achievement. Before you turn to another article, relax! With the proper attitude and support from your staff, this can be one of the most exciting aspects of accreditation! In promoting your accreditation, you will be letting the public know what it is and what it means for children and families. It's a great chance to get something GOOD about early childhood in the public eye. (Need I say more?)

As of October 1, 1987, 395 of our nation's approximately 61,000 licensed programs were accredited. Once most areas of the US have an adequate number of accredited programs accessible to parents, the National Academy will begin a national campaign to educate the public on its significance and purpose. Until that time comes, it is up to individual accredited centers to begin the first thrust of promoting accreditation. By starting with our own communities, we are in a pivotal position to give impetus to a groundswell of interest, support, and wide acceptance for the project. This is **your** chance to take a leadership role!

Why Promote Yourself?

Some of the currently accredited programs have shied away from assertive promotion of their accreditation. Reasons are varied. They already have a waiting list and don't want or need the extra publicity. Others serve a limited population and don't want calls from the general public. Some believe it is embarrassing and in bad taste to "brag" about themselves. I want to challenge those attitudes and convince you that we all need to promote the project in some way, be it large or small.

Number one, teachers and support staff who made your accreditation possible deserve public recognition and appreciation for their dedication and professional expertise. Number two, when you promote accreditation, you are advocating for all children and families who are desperately in need of more available, quality (and, yes affordable) early childhood programs. When publicizing your achievement, it is a perfect platform for communicating the need for well-funded comprehensive services which adequately reimburse trained staff for their efforts.

If you keep this motive of advocating for all children in mind, your fear of public attention and the extra work that it involves will fade in comparison to the good that can be achieved on behalf of millions of children. In the words of **Joyce Anderson**, western area director of training for **Daybridge Learning Centers** and also director of the Arlington, Texas, Daybridge Center when it became accredited, "I think it's as important to market this as it is to go through the self-study process of accreditation. Otherwise the public won't know of its importance. You're doing an injustice to children by not allowing parents to know about the choices available to them."

Now you might be thinking that most parents in fact don't have the choice of an accredited program since there are still relatively few at this time. That fact alone justifies promotion. By letting the public know that you have achieved the distinction, other programs will be motivated to work toward the same level of quality, thereby providing parents with a wider breadth of choice.

There are other benefits to be reaped from promoting your program. Acknowledgment and respect from the community and media uplifts staff morale and builds a sense of unity. Keeping a positive high profile insures that your funding sources will continue to believe that your program is a good investment. Many centers have recruited new enrollments and more importantly have attracted and retained a well-qualified, experienced staff.

All right, now I've convinced you that promotion is in the best interest of everyone. (And if I haven't, please re-read all of the above . . . slowly.) The remainder of this article consists of promotion ideas collected from around the country. You don't have to try all of them, but do try several! Use these ideas as a springboard when brainstorming with your staff for other possible promotion activities. These ideas will serve to stir your imagination and energize your commitment to children into action! The enthusiasm that you generate will be contagious! In advance, thanks for promoting on behalf of all of us!

Promoting Within Your Program

• **Kay Koulouras** of **Perry-Kay Nursery School and Kindergarten** emphasizes that promotion begins when you *sell* the idea to staff and come to a **team decision** to attempt accreditation rather than a director passing the edict down to subordinates. **Judy Morris** of **First Presbyterian Children's Center** stresses educating board members and program parents in **layman's** terms as soon as the process begins.

• Post your accreditation poster and certificate conspicuously, i.e. entrance hallway. **Lakeshore Teaching and Learning Center** posted their framed certificate across from the chair offered to prospective parents.

• Hold a celebration bash for staff, children, and parents. **First Presbyterian Children's Center** held a children's concert. **Illinois State University Child Care Center** had a pizza party. **The University of Tennessee Children's Center** held a formal staff recognition dinner where the dean of the School of Education presented the staff with a commemorative plaque. The **Perry-Kay Nursery School and Kindergarten** treated their staff to a posh nightclub and arranged for the musicians to play a medley of *winner* tunes, i.e. "You're the Tops" and "Hail to the Victor"!

• Hang a large computer banner saying, "We're accredited!" Post conspicuously.

• Post cards and letters of congratulations on the parent bulletin board.

• If no one sends your staff congratulatory flowers, do it

yourself. They really get people asking about the occasion. **Kay Koulouras** presented every enrolled family with a carnation upon accreditation.

• Rent a VCR and play back TV coverage near the parent bulletin board so children and parents can see their program in action.

• The **Learning Tree Center** in Moline, Illinois, let off hundreds of helium balloons from their play yard when they announced accreditation. Their staff received school t-shirts.

• Give the staff a bonus! One center provided every staff member with $250! Now that's motivating!

• **Jean Stewart of Little Bear Child Development Center** compiled the results of parent evaluations (both the negative and the positive comments) and distributed them to parents. Since they were overwhelmingly good, they were very motivating.

• **Union Bay Children's Center** presented a certificate of congratulations to each of its staff members at a staff meeting. **Lakeshore Teaching and Learning Center** mailed congratulatory letters.

• **Illinois State University Child Care Center** had a commemorative plaque engraved with a thank you to its funders, a quote regarding leadership that was meaningful to the whole staff, and a 5" x 7" staff photo.

• **Chula Vista Presbyterian Preschool**'s staff was recognized at the sponsoring church's Sunday services.

Promoting to the Community

• Tell everyone about your accreditation through posters, flyers, shopper guides, etc. **Lakeshore Teaching and Learning Center** made their achievement headline news in their center's newsletter that has a circulation of 3,000.

• Send out press releases to all area news outlets: print, radio, and TV. Send them to your staff's hometown papers or alumni newsletters. Personally invite the media to interview you, your staff, parents using the program, and maybe even some children. Ask them to film part of your program. (For help in managing the media coverage, read "Courting the Media with Special Events," **Exchange**, January 1985.)

• Invite your legislators, local community governance, and business leaders to have lunch at your program and see firsthand what accreditation means.

• Ask prominent community supporters and alumni parents to write brief letters of congratulations via the "Letter to the Editor" column of your local papers. This would be their chance to take a public stance in support of available, quality child care. Ask for copies to be sent to you so you can determine the number of letters actually printed. They are also great for posting and later putting in a scrapbook. **Illinois State University Child Care Center** received editorial backing after so many letters were received by the paper.

• List your program as accredited with your local resource and referral agency.

• Contact public affairs talk show producers and suggest accreditation as a topic. (You might have to tie it into something more *newsy* such as how accreditation helps to reduce the chance of child abuse.) **Joyce Anderson** gave a talk show interview and the station replayed it six times!

• If you live in a larger city, schedule a press conference. Announce your accreditation during a national week such as Week of the Young Child, Children's Health Week, etc. Hang an accredited banner (nylon) on the outside of your building.

• Set up accreditation booths at malls, libraries, doctors' offices, etc. They are especially receptive during significant weeks such as Prevention of Child Abuse Week.

• Hold an open house or reception. **Ann Gamble** of the **University of Tennessee Children's Center** held a reception in the campus' student union. A video of the children and staff was shown and staff were available for introductions. **Alexandria Day Care Center** held an open house which was visited by prominent city officials.

• Contact corporations who hold *information fairs* for their employees and offer to set up a booth. Send accreditation information to corporate employee newsletters and offer to write a short column on choosing quality child care. Offer to speak at corporate brown-bag seminars about accreditation.

• Use the accreditation seal on all of your printed material that goes to the community or prospective parents, i.e. brochure, enrollment forms, orientation packets. **Daybridge** attaches a colorful "accredited" sticker. Some centers put in a small blurb explaining accreditation.

• Answer your phone, "Accredited child care, may I help you?" (They ask what it means!)

• Distribute a brochure on accreditation to anyone who comes to your center, not simply to those who enroll. **Daybridge** in Arlington, Texas, had their parent advisory board members distribute information on accreditation at their workplace. You can prepare a one page flyer to spark interest.

• When going on field trips, have your program's children wear t-shirts saying, "I go to an accredited child care center."

• Offer to speak to other *helping professions* regarding accreditation, i.e. health department, mental health association.

• Contact papers who have "back to school" supplements and suggest they list accredited centers and include a story on the project.

• **Child Care Partnership of Dallas,** a non profit advocacy organization for quality child care, has arranged for the mayor to present newly accredited programs with the Child Care Partnership's *Seal of Quality*. Great way to pull in press and to learn about possible city funding projects.

• **Illinois State University Child Care Center** was asked to conduct a year long parenting series for a local hospital (as a result of accreditation, I might add). Accreditation is covered in that series, which is open to the general public.

• Ask fellow helping organizations to endorse accreditation. **Judy Morris of First Presbyterian Children's Center** reports that her city's child abuse prevention program endorses and advocates for accreditation.

• Use the accreditation emblem in any of your advertising, such as in the yellow pages of the telephone directory.

• Encourage the "Bill Cosby Show" producers and writers to enroll Rudy into an accredited after-school child care program! "Family Ties" might also be interested. (NBC is considering a sit-com set in a day care center. Write and suggest that the center become accredited!)

• Offer to write a monthly *children and family column* in your local paper, especially if they have a family section.

Promoting to the Profession

• Set up accreditation booths at conferences and workshops.

• Personally send a letter of congratulations to newly accredited centers and staff.

• Highlight and recognize area accredited programs in your professional newsletters.

• Have your staff wear "accredited" ribbons on their lapels when attending conferences.

• Offer workshops on accreditation at area professional meetings.

• **Michigan Association for the Education of Young Children** has designated liaisons from their affiliates who are available to answer questions from directors who are considering accreditation.

• **Kay Koulouras** met with her state licensing agent and the head of the Department of Social Services to share accreditation information.

• Some NAEYC affiliates have funded scholarships to accreditation hopefuls in order to offset accreditation application expenses. Others have obtained funding from local United Ways or businesses so centers can purchase equipment that may be needed to meet accreditation.

• Loan your copy of the "green book" of **Accreditation Criteria and Procedures** to a director who is contemplating embarking on the project. Meet for lunch!

• Encourage someone from your staff to become a validator.

• **Charlotte Scott of Paradise Valley Methodist Preschool** suggests starting an academy network for the purpose of sharing information and developing strategies for encouraging others to become accredited.

• Hold a local directors' meeting at your accredited center.

• If you are a college instructor or CDA trainer, cover accreditation criteria as classroom material.

*Special thanks to **Deborah Jordan** and **Patty Briggs**, NAEYC accreditation staff, who helped immensely in identifying accredited programs who have promoted their achievement.*

Karen Stephens is director of the Illinois State University Child Care Center, accredited in March 1987; an instructor at ISU and Parkland Community College; Illinois AEYC's representative to the Midwest AEYC.

SUE BREDEKAMP'S ADDRESS TO COUNCIL

I'm really delighted to have an opportunity to meet all of you. I'd hoped to have more time in your country to visit all parts of it. It is always very frustrating when you go to some place, you either do one or two places well or you do many places not well at all and because of my limited time here I have spent most of my time in Sydney. A number of people have said to me, "Is this your first trip to Australia? and I like that question because it implies something. It implies that there will be other trips to Australia and so hopefully on my subsequent visits I will get to the other areas of the country. I would very much like to do that. I was very intrigued by some of the opening remarks, I think it was gratutious that I came a little bit early because I enjoyed hearing both your President and your Executive Officer's reports. I think it just confirms again that there are no new problems in the world very much. The agenda that you're facing is not dissimilar to the agenda we're facing but quite identical in many ways on the issues of testing, some of the issues of working conditions, the issues of standard setting and emphasis from a Government standpoint on de-regulating or minimising standards, are all the same kinds of things that we face in the States and so I think certainly there is some pessimism in that all of these problems persist with us but there is some optimism in that maybe together we can come up with some better solutions for the future.

What I thought I would do in the time that I have with you is to sort of try to address basically three questions that have to do with our experience with accreditation. First, why we did it, a little bit of the history of why we came to institute a national accreditation system in the United States. Secondly, how it works, I know some of you are more familiar with it than others and it will be a little bit redundant for some of you but I think it is good for us to sort of share an understanding of what our concept is and how it works and thirdly, what has happened in the years of experience that we've had, what the outcomes have been. Lastly what the benefits are really that have occurred. We've had some things that we planned for and we think have happened to some extent and other things that we didn't necessarily plan for that were sort of serendipitous effects of instituting a national accreditation system and so I thought I would share those with you and then open it to any questions that you might have.

First of all we started looking at the concept of national accreditation in 1981 and we worked on the development of it for four years and that was what I considered to be now an investment that we put in, in that development of the system. You can all

appreciate the importance of pre-natal development to help the person later on and certainly with us a new system that conceptual development that we put in was really critical and we feel that it has paid off. From the very beginning we had one goal in mind and that goal has not changed. That goal is to improve the quality of care and education provided for young children in group progams. It's really important that we all, when we work with accreditation in our country, share that understanding of that goal because occasionally in the intervening years there have been misconceptions about what accreditation was about and we have had to confront those at times. For example, some people think that what NAEYC was about was to develop some form of an elitist system, what some people call our good housekeeping seal of approval, that we would put that on a select number of elite very wealthy centres for example. That's been some people's view of what accreditation was about. Actually that's quite the opposite of what we had in mind. What we had hoped was we would put in place a process that would bring about real and lasting improvements in all of the programs that would get involved in that process and that accreditation would be the incentive for people to get involved in that process and that process is one that I will describe in a minute which is a thorough self-study followed by an on-site validation, followed by a national review. We knew, for instance, that for, let's just carry it out for a little bit, if we were thinking about that view of accreditation as this sort of an elitist system of identifying these few model programs, if we were thinking of that as a goal, if there was a way first of all that we could, that if there is such a thing as those few programs that are models, and if we could find them we could put in a place such a system where we could identify them, certainly the children who are in those programs don't need the NAEYC's seal of approval on their program, they're already in the top programs in the country, they're doing just well thankyou and it would be a terrible waste of our resources to go out and assist those programs and provide them with some sort of seal of approval. What we had in mind was the process that would help all children's programs. In effect what we think is that the kind of standards that we are talking about through our accreditation system describe the type of programs that all children should have access to, not just a few select children whose parents have the resources or whatever, so that was certainly not at our goal at all.

We also set about to develop a national set of standards and a national process for a very specific reason. In 1981 we were facing a situation which has actually not changed in the interim, and that is we have 50 States and we have 50 discrete sets of standards that vary enormously from one locale to the next in our country. Just to give you one of the most extreme examples, we have a requirement for a ratio for infants in the state of Massachusetts that requires one adult for every 3 babies and in

the State of South Carolina the standard is one adult for every 8 babies. Now does that mean the babies in South Carolina are much more independent or the babies in Massachusetts are much more dependent. Actually it is all very ridiculous, it means that we have this tremendous disparity of what sets a base-line for quality in these States. With that in mind, that tremendous disparity, we felt we had a public education problem. How do you really talk to parents about quality? How do you really talk to the public about quality when you don't have any definition of what it is and when what you have are these extreme variances around the country. We think that babies have similar developmental needs regardless of what part of the country they live in and therefore there are standards for their programs that should be uniform throughout the nation - that's been one of our goals in establishing a national criteria. Another was that we looked at the way in which licensing operates as a system for ensuring quality and we thought that there had to be another way to bring about improvements. We looked at the goal of licensing and the goal is written identically to the goal of accreditation. It states very simply to improve quality and that is the goal of licensing and that of course is our goal as well. However we use a different strategy to meet that goal. I think that in our thinking conceptionally about how accreditation differs from licensing, we were able to conceive of another model for accomplishing that same goal. What we have as a licensing model I think is probably similar to what you have here and that is that it is a system of mandatory regulations that are governmentally imposed, that define a legal standard for operation. Because it is a mandatory system the standards are by definition minimum. It's not likely that you'll ever see licensing standards that will call themselves anything but minimum standards because of the aspect of it, there being what is required for legal operation. Another aspect is of course because they are minimum standards that therefore a 100% of those standards must be required because if you are doing less than a 100% of minimums then you really aren't doing acceptable practices. If you do not achieve that 100% of minimum you are open to sanctions, you are actually doing something that is punishable and there are sanctions and punishments that can be imposed for violators of the minimum standards. Another important aspect of the licensing standards is that because they are standards for legal operation, they do by definition, to some extent need to be objective standards because they need to be standards that can be substantiated in a court of law, in other words they have to be relatively objective and people have to be able to agree readily on what they need.

Now the accreditation system operates slightly differently to achieve that goal. First of all we start by saying that it is a voluntary system and I think that that is a non-trivial difference. It has a lot to do with motivation and I'll get back to that in a minute. When people choose to voluntarily subject

themselves to a higher standard then you have a different motivation to begin with. Secondly, the standards are a professionally monitored process rather than a governmentally monitored process and sets by definition high quality standards. So it's what the profession defines as high quality practices. As a result we do not require a 100% compliance with those standards. They do always continue to be to some extent goal standards for the field because we want them to be that goal thats out there for people to work toward, but when programs do achieve substantial compliance with those high quality standards, then they are recognised for that achievement and in fact they are rewarded for it.

Another difference that is really important in the two systems is that the kind of thing that we have found to be called quality by people within the profession is not always as objectively determined. There is most often a subjective portion of the determinates of quality in practice. For instance some of the things that are more readily measured such as the numbers of adults to children are not actually the quality. Those things are really very much the predictors of the quality for instance in Massachusetts you may have one adult for 3 babies but you may still not have quality. You may still have situations where those babies are left to cry and there isn't the responsiveness that we have seen over here when the baby just happened to make a noise and immediately baby's needs are met. There is no guarantee that if you have those adults present that that will occur. However there is a greater likelihood that you will and so other more objective indicators are really predictors of quality but the actual quality itself which we have found consensus about in all of our conversations with people in our country and in all of our review of the research and again even in some of my conversations I have had with you, there has been a real understanding, I think, within our profession about what quality is for instance if I said to you "What is quality? Where's the quality in an early childhood program? "What would you answer? Where is it? It's in the staff, but what about the staff, the staff personnel policies, the staff qualifications, what is it that's really the quality? It's the interactions with the children isn't it? It's the way in which the adult interacts with the children. That component which is the actual quality that interaction, the nature of that interaction, and the positiveness of it, the individualisation of it, all of those aspects of quality are things that do determine how well they are being done, require a level of professional judgment and so therefore we feel that that is another variance with a licensing model. That there is some subjectivity in the accreditation process but it's okay that it be there because the people who are monitoring it and who are implementing it are professionals. They are early child professionals who have that capacity to apply professional judgment. We have a situation that is a difficulty in licensing. Very frequently our licensing operators

do not have early childhood background and so it is real difficult for them to even apply standards than apply any amount of judgment in the application of them. So all of that goes together of why NAEYC decided that we should be the group that would not only establish the standards but that we would put in place a process whereby we would encourage programs to work towards those standards and then we would recognise those programs that achieve that substantial level of compliance with the standards. Let me say quickly how the process works. After we had agreed upon our criteria, we looked at them and we decided well how are we going to tell whether anybody is doing those things and so we developed a system whereby a program can get involved in doing a self-study basically and looking at how their practice compares to these standards and that is, really the most important aspect of the process is the self study process. A lot of times we leave the head to the next point in the process at which is an on site visit and because we think of that as being the point which we determine compliance there tends to be a considerable emphasis on that particular point but actually because our goal is to improve the program and because the greatest amount of improvement occurs during that self study process, we think that is the most important part of the process. The way the system works is the programs initiate a self study process for which they pay a fee based on the size of their centre and they receive materials that they use as tools to study their program and those materials address basically the four major perspectives that occur in any early childhood programs - there are children, there are teachers, there are Directors or Administrators and there are parents. And so we have a portion of the self-study processes that addresses each of those perspectives. Obviously the most important perspective is what is my experience as a child in the program, what is the quality of my life in the program itself and so the most important component of the self-study process is an observation instrument, where we actually observe what goes on in the classrooms from the child's perspective. That's the key part, because that's the quality. However, there are other aspects that are those predictors and supporters of quality that are also looked at during the self-study and they are looked at from the perspectives of the people who know most about them. The Director or Co-ordinator of the program looks at all of those aspects and they do a self-evaluation of all of the administrative aspects of the program. However a number of those administrative aspects also have implications for the staff. For instance, the Administrator writes the personnel policies but it is in the staff's best interest to know what they say so, therefore we have a staff questionnaire from which we are able to obtain the staff's perspectives on those aspects of the criteria. And there is a third component that has to deal with the parents perspective on how their needs are met in the program what kind of communications systems are available to them, whether they are welcome visitors in the program. Those are aspects that they need to have input on and so thats recorded

through a parent questionnaire. So we have basically four pieces of information that are accumulated during a selfstudy process and what programs do is they measure themselves against criteria. They find that many of the criteria they are meeting and they can congratulate themselves on that, it becomes a very encouraging sort of strengthening process. On the other hand they identify areas which they are not meeting that become goals for improvement and they do work toward those goals and after having come to a point where they feel like they are in substantial compliance then they determine whether or not they want to become accredited. So that self-study process is in itself a staff development and professional development tool that programs used. Some programs go through that process and still find that they are not anywhere near compliance with our national standard and yet they have made some significant improvement and so they may not actually go on for accredidation but a lot of really exciting improvement and changes have taken place in the program as a result of being involved in that process. Now when we trialled that process we had an interesting outcome which was that we weren't accrediting any programs, we were just giving these tools, these questionnaires, these observation instruments, to the staff and parents and we found that they recorded amazing changes in their programs. We didn't ask them to change anything at all. All we asked them to do was to give us feed back on the instruments and instead they came back and they said, "Oh, we did this, we did that in response to looking at ourselves." So we think that the process itself does bring about real and lasting changes. However, we know the process is time consuming and any time you put time in, you put money in and therefore we feel that there needs to be an incentive for programs to get involved in that process and that incentive is of course achievement or potential achievement of accreditation. That accreditation becomes the carrot that we hold out there for programs to work toward that higher standard and if you think about again one last comparison with the licensing model you have one model that is based on a motivator that is a stick basically. It's a potential risk of punishment or the threat of punishment, but many people are not motivated by a stick. They don't want just to do the lowest that is expected of them, they want to do much more than that, but they don't really have any way of being recognised for achieving a higher standard or at least they didn't until we did implement the accreditation standard. We also felt that it was important that people have that positive out there to work toward rather than always working to avoid the lowest or the worst case, that they have something positive to work toward and that was really what we had in mind with it.

So once programs have done that self study and they decide whether they want to be accredited then they compiled information from their self-study into a program description which is then validated or verified, the accuracy of that document is verified during a validation visit. We send in a trained early childhood professional to do that task and their role there is, we

emphasise very strongly, that their role is not to evaluate the program. They don't go in and apply their own standard, what they do is go in and use the same observation instrument that the teachers and directors use in their self study and they observe the classrooms and they compare their evidence on the basis of their observations to the evidence that was provided by the self study. And where it agrees, where it can be verified, then it is validated and where there is a difference in what's seen on that visit it's not validated and the other thing they do is they look at the documentation that is evidence presented for the administrative items and they again verify whether or not the program is reporting accurately their compliance with the criteria. In any case where there is an item that is not validated, in other words where there is a difference between what they see on the date of their visit and what the program reports normally happens, then there is an extra interview with the Director at the end of the day and all the non-validated items are discussed and both perspectives are reported in the documents, so that again it is a verification and we not only want the validator's prospective on a given day, but we want the Directors prospective about what happened there. So if we have for instance a misinterpretation or different interpretations of the criteria which happens not suprisingly, we record both of those interpretations because again the validator who is a person who is from within the relative geographic area of the program and usually within a hundred miles in order to keep the costs down for the centres, we take away from them the responsibility of making the decisions and they are there basically to collect evidence to report that the document is accurate. Then it goes to the third step in the process which is the decision, that occurs at the National Office. We empanel teams of early childhood professionals whom we call commissioners and they come together in teams of three representing three different geographic areas of the State. Within a two day meeting they review 20 or 21 cases or programs of centres and they apply professional judgement in making their decision so that we don't have a point system. It doesn't go back to that objectivity of just getting the right number of points, it goes to someone who has an application of professional judgement, they read the whole document, they determine that while it's true that the program is not meeting criteria in one area, they weigh that against where they're meeting criteria in other areas and they make the decision on the basis of looking at the whole. For example, what we found is that we have criteria in our document that defines staff qualifications. We require what you would probably see as a low standard which is that a teacher in a classroom have a two year training certificate in early childhood. We find however that because our State licensing standards are so low. For example, I'll give you a worse case scenario, in the State of Alabama, a teacher in a child care centre is required to be 16 years of age and able to read and write. That means of course that you have very unqualified people working in child care and to get a two year Diploma would be quite a higher standard. So

what we find is that we cannot apply that standard rigidly and we also find that we don't have to because what we do is weigh the paper credentials against what we observe in the classrooms and we weigh most heavily obviously what we observe in the classrooms and that is how the decision is made. So for instance if we have a situation where we don't have trained people, in fact if we have no trained people in the program it is virtually impossible for that not to show up in the observation data and that's really what happens. We find for instance that the issues of training and the issues of ratios and group size are such powerful predictors of the quality that in every case where people are far away from meeting those standards there is significant evidence in what we've observed in classrooms that warrants a negative decision. The next thing I wanted to mention is what the outcomes have been. We've had a high rate of programs to achieve accreditation on the first try. In fact about 87% or 88% have been accredited on their first review, that 12% or 13% that have been deferred on their first review of those programs they are told exactly what they need to do to get accredited, they're told which areas they need to improve and we've seen about 85% of those programs go on and achieve accreditation on a second and sometimes third try. So again it is a process that gets put in place once programs get into that mode of working toward higher standards we find that even with that initial negative decision they are not discouraged very often. They say well we've come this far, we've done all this, we don't have that much more to do, let's go ahead and go on with it. So we've seen that which was actually quite surprising to me I assumed that whenever we turned a program down they would just say well thankyou very much and we don't need you. But actually that hasn't been the case at all we found quite the opposite that they persisted. I should give you a little bit of statistics. We have in the three years, actually we've been in operation 3 1/2 years now in full operation. We have put 4 years into the development, we started the process, - it takes people about 9 months to a year to really be ready for a visit - so we've only had accredited programs for about 3 1/2 years. We have accredited 1,000 programs in that time, we have another almost 4,000 now in process, in other words they've begun this self-study process. That of course is not a very high percentage when we compare to the numbers that are potentially out there. We have it is estimated 60,000 licensed child care centres in the States, so we're operating with a very large arena and potential in that it is very high, however we have found that some of the outcomes of having the accreditation system have been very interesting. I think that they fall into three categories. First I think they fall into the outcomes that occur at the program level. What happens to these centres when they do this process and I think they that we've been very cautious in saying to them, they need to recognise what the potential benefits are. I think if people go into accreditation thinking that they're going to improve their enrolment or something like that, they're probably not going in with the really accurate expectation. Most

of our programs that pursue accreditation are already fully enrolled and have long waiting lists so that isn't really an issue for them. What they find most particularly are basically two outcomes that they report most consistently, one is improved parent staff relationships. That's been the most frequently reported positive outcome from the centre perspective. While parents may have previously thought that they had made a good decision about their children, there is always that nagging guilt and fear you may not have done the right thing so as a result I think they have reported greater trust on the part of parents and better communication and relationship as a result of the process.

The second outcome that's most frequently reported is improved staff morale. We've seen considerable changes there where staff members in accredited programs not only developed professionally themselves as a result of the process but then they (change of tape) then there is certainly a correlation there that programs that do provide for professional development of staff, staff tend to stay and there is just a better relationship.

On the level of profession what accreditation has done from the standpoint of NAEYC are a couple of things. One is that they have more than anything we have ever done they have placed NAEYC in a position of respect in the nation. That we stand for quality for children and I don't think that we can underestimate that outcome. It was one interestly enough that was a very difficult decision for our leadership to undertake initially. There was some great concern among our staff among our board initially, how can we set standards and make decisions on programs that some of our members don't meet and some of our members will actually be turned down for accreditation. How can we do that? That was very threatening to us as an association, as a membership organisation and we were very cautious, it was a tremendous risk I think that we felt we were taking on our part. In retrospect we find that it was probably the best decision that we ever made because, for example, our membership has doubled in the period of time since we initiated accreditation. Again I think you can prove anything by correlation, but I do think that there is some relationship there in the fact there that NAEYC was willing take a stand on what quality is and that was a very important outcome. I do think that we have seen an enormous increase in our reputation with the general public and with policy makers. For instance we have become the source for information on early childhood in our nation from the public media, newspapers, magazines. It has almost become too much for us to handle because any time there's any story about children we are contacted and we're able then to get our message out about what quality is through the public media. That's been a tremendous change. It was not true prior to our taking such strong stands about what quality is. We've also seen interestly enough our influence in public policy increased. For instance last year we were having a debate in our Congress, unfortunately we're still having it because the Bill did not get through the Congress, but

we had proposed the Act for better child care which was the first piece of comprehensive child care legislation to be proposed in our Congress in our a generation and one of the parts of it had to do with standards and NAEYC staff were asked to come in and brief Congressional staff on what standards should be and why they are so important and we could do that from our own experience with accreditation very readily. So I think that our potential to influence policy has greatly increased because of the stands that we've taken in this area. Another outcome that has occurred for the profession has been a greater understanding or a greater identification of what resources are needed in the field. The accreditation process focuses us, we find out what programs are not doing, we find out their weakenesses and we then are able to focus our resource development in the area of our publications, our conference sessions, our video tapes, things like that around the areas that we identify as weak in the programs that are seeking accreditation. So we've learned a lot basically from doing the accreditation process. It is a lot of hard work. In my conversations with your leadership I have tried to be very realistic about what it is that you would be undertaking in doing it. However, from the standpoint of NAEYC's experience with it, it is a very large project but it's the closet thing that we've ever done that is related directly to what our goals area. Our goal has always been to act on behalf of the needs and the rights of young children. And it is the one thing that we do that is the most directly affecting or helping us to achieve that goal in children's programs.

Voluntary Accreditation: The New South Wales Experience

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INTRODUCTION

This paper reports on a project undertaken by the NSW Branch of the Australian Early Childhood Association (AECA) to implement a voluntary self-study system for accrediting centre-based early childhood services as high quality programs for young children and their families.

The background to the development of the project, and its status at June, 1989, have been described previously (Kelly, 1990). The decisions by the NSW Branch of AECA to involve itself in trialling the system developed by the American National Association for the Education of Young Children (NAEYC)[1] was prompted by national concerns about the quality of early childhood care and education services. The purpose of the project was to obtain data on the strengths and weaknesses of NAEYC's system and its relevance in the Australian context. It was anticipated that the data would be considered by AECA's National Council and would complement other work on accreditation systems being undertaken in Queensland and Victoria[2].

The project was conceptualised in December, 1988, in the doom and gloom of reduced government funding for early childhood services and concern about local and national regulatory standards. It was planned in three phases. First was information sharing to inform government officers, service personnel, trade unions, community organisations, and service providers about the system. Second was actual implementation of the self-study process by service personnel, culminating in completion of Program Descriptions for submission to AECA (NSW Branch). Third was the validation and accreditation decision process to be conducted by a small panel of experts appointed by the project team.

The project was launched on 1 May, 1989, at an information dissemination meeting with the then NSW Minister for Family and Community Services, the Hon. Virginia Chadwick, MP, officers of her Department, and representatives from the Commonwealth Department of Community Services and Health. Subsequently, information sessions designed to inform participants about the NAEYC system and to invite participation in the project were held in a variety of metropolitan and country locations. The main purpose of these sessions was to encourage as many services as were interested to begin the self-study process. The project team believed

that the more programs which were involved in working towards improving the quality of their services the greater would be the benefit to the children and families which the programs served.

A significant boost to the number of well-informed personnel was made possible by a financial grant from the NSW Minister for Family and Community Services. This grant enabled the Branch to bring Dr Sue Bredekamp, NAEYC's National Academy of Early Childhood Programs Director of Professional Development, to Sydney in November, 1989, to conduct validator training courses. Some 60 early childhood educators from NSW and other states benefited from this experience.

The project depended heavily on the interest of staff who were working in early childhood services and their willingness to examine their practices and to expose themselves to examination by others. Jan Moffat (1990) and Louise Dungate (Dungate and McDonald 1991), two centre directors whose programs undertook the self-study, vividly describe their feelings about that undertaking and their experiences in working towards achieving the quality criteria. Their descriptions provide valuable guidance for staff who are beginning the task.

Some eighteen months after the project was launched, at a celebratory dinner attended by over 100 people, the Hon. Peter Staples, MP, Commonwealth Minister for Aged, Health, and Family Services, presented commemorative certificates to the first two Australian early childhood services which had successfully demonstrated the excellence of their care and education programs according to NAEYC's criteria.

It was a night of high excitement. It honoured the dedication and expertise of the centre staff and those who had supported the staff as they worked to improve the quality of their programs. It affirmed the value of the system as an agent for staff development and for establishing truly collaborative partnerships between staff and parents. Above all, it celebrated the improved quality of the children's experiences in the services which they attended.

However, significant as the occasion was, it did not mark the end of the Branch project. Indeed, the project appeared to have become even more important than it was when first begun. In March, 1990, the then prime minister, the Hon. R. J. Hawke, made an election speech promise to develop a national system of accreditation for child care services. That promise was followed by the establishment of the Committee of Child Care Representatives, chaired by Mary Crawford, MP. The Committee reported its recommendations to the Commonwealth Minister for Aged, Health and Family Services, the Hon. Peter Staples, in September, 1990. Among the recommendations were that the Minister establish an independent national council to oversight the implementation of an industry based, voluntary accreditation process and that the independent council take note of the findings of the work done on the NAEYC system in NSW, Queensland and Victoria. An Interim National Accreditation Council has now been established, with Jane Singleton as its Chair and an allocation of $1 million from the August, 1991 budget. The nature and structure of Australia's national accreditation system will be determined by this Council by the end of 1992.

It is therefore timely to review and evaluate the NSW experience in implementing NAEYC's system in the Australian context. The project has been operating for two and a half years: three programs have been accredited; some 20 more programs are progressing towards completing their Program Descriptions; and the first two accredited programs are due to present their first annual reports. There is sufficient data to demonstrate that the system is as relevant and beneficial in Australia as it is in North America, and for the same reasons. Other data gathered by the project team may be useful in the development and implementation of an Australian national accreditation system.

RELEVANCE OF NAEYC'S CRITERIA IN THE AUSTRALIAN CONTEXT

Overall, both centre and Branch personnel involved in the project have perceived the ten criteria areas in the system to be relevant, clearly defined and easy to follow, once some American terminology has been Australianised. The main area of difference has concerned staff qualifications. However, given NSW state licensing requirements for long day care centres, and sensible interpretation of American staff descriptions, the American criteria have been readily achievable.

No one has felt that any of the criteria are superfluous, though some have suggested that

the criteria should be more specific in relation to staff inservice, requirements for infants, and requirements when special needs children are integrated in the program. Others, particularly personnel working in high non-English speaking background population areas, have questioned the cultural basis of the accreditation model, but they have not yet been specific about the aspects which they feel to be unsuitable. They have, however, been quite clear about the need for parent questionnaires to be available in a range of community languages, and their own inability to fund the necessary translations.

It should be noted that all project participants have worked with the first edition of *Guide to Accreditation* (Bredekamp, 1985, third printing 1987). The National Academy of Early Childhood Programs, NAEYC's accreditation division, recognised that periodic review of the criteria is an essential component of a credible accreditation system. It began the first review process in 1989, after the system had been in full operation for three years, and more than 1000 programs had been accredited (National Academy, 1989). Feedback from the field indicated how well the system worked and hence no major revisions in the criteria were necessary. However, experience demonstrated that the descriptions of some criteria needed to be much more specific, particularly in relation to interactions among staff and children, curriculum requirements and requirements for special needs children. Some additional aspects were also needed in administration, health, safety and nutrition criteria. The revised criteria were accepted by NAEYC's Governing Board in July, 1990, and the revised edition of the accreditation materials became available in 1991. Whether the revised specifications redress Australian criticisms will require further experience with the new materials.

SUPPORT FOR PROGRAMS UNDERTAKING SELF-STUDY

On first receiving the self-study materials, many personnel, at all levels in the field, have found the documents to be complex and confusing. The relationship between the criteria and the four components of self-study (Classroom Observation, Administrator Report, Staff Questionnaire, Parent Questionnaire) has often been unclear initially. The size of the task has appeared to be overwhelming.

In addition, a number of personnel have felt threatened by the standards specified in the criteria. They have lacked sufficient self-esteem to acknowledge what is often the high quality of their work with children. Some have felt that they could never reach the criteria, have become discouraged and wanted to abandon the process.

These kinds of reactions were acknowledged by NAEYC's National Academy from the outset. The Academy recognised that, despite the quite clear guidelines which are published in the self-study materials, staff would need support as they worked through the process. The Academy set up a toll-free number which it advertised widely in its print and video publications. Academy staff who were knowledgable about self-study were then only a phone call away when staff had questions to which they needed answers. In addition, the Academy was able to put programs in touch with others who were engaged in self-study so that centres could form support groups for mutual self-help (Carter, 1986).

The NSW Branch project team also recognised that Australian programs would need support while they undertook self-study. The hard question was how such support could be provided by a voluntary organisation working without funding for the project, no toll-free number, and no qualified office staff to answer curly or even basic questions. The answer was support group meetings, held every four to six weeks, and led by members of the project team. The chief purposes of these meetings were to provide a forum for staff to share problems and successes with others, and to establish networks with others whom they could contact between meetings.

In 1989, given the disparate geographic locations of the small number of centres engaged in self-study, all participants travelled long distances to meetings. Later, once a larger number of centres were involved, regional meetings were established and travel times were reduced. By the end of 1991, regular meetings were being held in five metropolitan regions, and initial meetings have been held in two other metropolitan regions and four country regions.

Project team members know how essential these support group meetings have been for centre staff. At the meetings, criteria can be explained, misconceptions can be clarified, fears can be defused, ideas can be shared and, perhaps most importantly, flagging spirits

can be regenerated and staff encouraged to continue. The effort to organise and attend meetings is rewarded by the knowledge that those involved are identifying what is **good** about their programs as well as what needs to be done to make their programs even better. The "pat on the back" is particularly valuable since, as some group leaders have remarked, early childhood personnel can be particularly critical of self and individuals' self-esteem as early childhood workers can influence their confidence in completing the accreditation process. Support group meetings have proved to be useful motivators for staff and have comprised an important part of the self-awareness and self-development process. In the context of the project, they have been a necessary adjunct to regular accreditation meetings between staff at their own centres (Community Child Care, 1991; Moffat, 1990).

Leaders of support group meetings have felt themselves challenged in their roles, since they too were learning about the Academy's system. Some have reported feelings of isolation and uncertainty about the advice they were giving. It has been found necessary to have regular meetings for these people as well, so that common problems can be identified and advice can be more consistent. Of course, the very fact of more meetings adds to the load which volunteer leaders assume in addition to their busy professional lives. Tribute must be paid to these people for their dedication and commitment to improving the quality of programs for young children and their families.

POSITIVE OUTCOMES OF THE NAEYC SYSTEM

Louise Brennan, a Project Officer with Community Child Care Co-operative, asked the staff of one of the first accredited programs how accreditation had affected them. Their collective response was "Go for it!" (Community Child Care Co-operative, 1991). Common among the staff reflections were the themes which NAEYC has previously identified as positive outcomes of the system — improved staff communication; increased staff confidence and pride in their work; increased staff professional development; increased parent knowledge of, and participation in, the community of the centre; increased parent-staff communication; and, not least, higher quality of children's experiences and higher standards of health and safety practices (Bredekamp, 1989; Bredekamp and Apple, 1986; Bredekamp and Berby, 1987; Carter, 1986).

Most particularly, what shines out of the staff comments, and is supported by the comments of staff at support group meetings, is the sincerity and commitment with which staff examined their own practices and changed themselves to accommodate to the criteria. An administrator learnt to delegate. A registered nurse learnt about individual programming. A teacher was reminded to program more from her observations of the children. Another teacher realised that she didn't allow time for children to respond to her initiatives. An assistant discovered that she used much negative language and worked to shift to more positive interactions. A cook learnt that the program was actually planned and not just a spontaneous happening. All learnt that the process of self-examination was not necessarily threatening when it occurred in a mutually supportive climate.

In addition, in an unpublished report to AECA (NSW Branch), the director of one accredited program noted the reduction in staff turnover from 38% prior to beginning the self-study process, to 18% during the self-study, and to 0% after accreditation. She commented:

> Not only has the turnover been drastically reduced but complaints and feelings of dissatisfaction have also decreased dramatically. The effect of self-study and reflection with colleagues is very rewarding . . . The acknowledgment of the good job we do is a very positive aspect. This endorsement of our beliefs about our efforts has been very satisfying.
>
> (Dungate and McDonald, 1991)

COMMON COMMENTS ABOUT THE NAEYC SYSTEM

The following lists some questions which centre staff commonly ask about the NAEYC system, some common statements about the system and some advice which the project team can offer, based on the experiences of centre staff and support group leaders in NSW.

1. This model of accreditation is too big. Where do I start?

   OR

   The standards are too high. We could never achieve this.

There are at least two suggestions which can be made about responding to statements and questions such as these. First, it is important to break the task into chunks which the staff perceive to be manageable. Second, it is important to start with criteria in which staff feel that they have some strength. Working through these components will provide staff with some positive feedback which should encourage them to continue. It is important that staff feel confident in their ability to do a good job and that the collaborative nature of the self-study will support them in achieving their goals.

2. How can we ever meet **all** of these criteria?

It is a common misunderstanding that, in order to be accredited under the system, the program must fully meet **all** criteria. This is not the case. The system is looking for **substantial** compliance with the criteria, not perfection. Indeed, of the first 95 programs which the Academy accredited, **no** program achieved full compliance with all criteria (Bredekamp and Apple, 1986). Instead, Commissioner panels weigh criteria in relation to one another and make their decisions on the basis of **the overall quality of the children's experience in the program**. This is the most useful advice to give anyone who feels overwhelmed by the criteria — examine the ways in which the service meets each criterion in terms of the children's experience. The system allows for programs to explain how they meet the criteria in ways other than those outlined in the materials. Of course, some criteria, such as some of the health and safety criteria, are mandatory.

3. My employer/organisation says that the centre must be accredited. My staff are not interested.

NAEYC's system is voluntary and its success depends on the professional commitment of all centre staff to improving the quality of their programs. It is **not** a gold star for good performance but an organic process in which staff professional development is an integral component. To try to compel anyone to undertake self-study is counterproductive. Therefore, generating motivation to begin and to continue is a matter for each individual centre. Self-study can only be successful if staff are genuinely interested in improving the quality of their programs.

4. How much time will it take to do?

Understandably, busy early childhood workers want to know how much extra time they will have to put in to achieve accreditation. However, there is no recipe book answer to this question. Much will depend on the starting point of the program. What can be said is that time for discussion in staff meetings and for team building is critical to the success of the process, and the centre will need to reach a satisfactory solution to the question of how to provide for this. There will perhaps be as many answers to this question as there are programs.

5. How much will it cost to do?

Again, this is an understandable question and one for which there is no single answer. What can be said is that, in NSW, given base licensing standards, the three accredited programs have not had to make major capital outlays. The major cost would have been payment for staff time, if staff had not undertaken so much of the process outside of their normal working hours.

6. What do we do when staff leave?

High staff turnover is a matter of continuing concern in early childhood services. However, with respect to self-study, stability in directors, and the leadership which directors offer, seem to be far more significant factors in successfully achieving accreditation than instability among other staff (Mulrooney, 1990). Once a centre has begun the process, then new staff can be appointed knowing that self-study is a component of the job.

7. How does accreditation work when a centre offers several services? Can a mobile service be accredited?

The best way to answer these questions is in terms of the fundamental principle of examining the overall quality of the program in terms of the children's experiences. As indicated previously, the system allows for programs to explain how they meet criteria in ways other than those outlined in the self-study materials. The National Academy has accredited a diverse range of centre-based programs (Recken, 1989) and there is nothing to suggest that diverse Australian programs could not also demonstrate how they comply with the quality criteria.

8. What happens on a validation visit?

As centres approach completion of their Program Descriptions, thoughts turn to the validation visit. There are many fears about

"the assessor" and misunderstandings about the validator's role, even though this is clearly described in the self-study materials. This is one area which the project team feels could have been handled much more effectively had suitable administrative support been available to the project team.

9. Why should we start on an American system? Shouldn't we wait for the Australian one?

These, too, are reasonable questions. However, AECA (NSW Branch) began to trial NAEYC's system knowing that it was based on extensive research and expertise. The purpose of the project was to obtain data about the relevance of NAEYC's system in the Australian context. As has been indicated previously, that relevance has been amply demonstrated. Given that a wheel has been already invented and found to work, why should Australia go back to the drawing board and try to develop a new one? After all, young children and their families have much in common, whatever their culture, particularly with respect to families' concerns about their children's development.

CONCLUSION

The experiences of the AECA (NSW Branch) project team in implementing NAEYC's accreditation system in NSW have mirrored the National Academy's experiences on a smaller scale. Data from the project are insufficient as yet to give indications about broad scale advantages which may arise from use of the system. However, on the data collected thus far, there appear to be no immediate or long term disadvantages and the positive outcomes for the quality of programs for young children and their families far outweigh any negatives which may have been experienced by staff in their efforts to implement the system. Indeed, what comes through strongly are so many positives for staff as well as for children and their families.

Four aspects appear to be most significant in the results of the AECA (NSW Branch) project thus far:

1. most importantly, NAEYC's accreditation system has been found to work in the Australian context, with relatively few minor adjustments;

2. wide scale interest in NAEYC's system has been generated through the extensive information workshops which Branch personnel have conducted;

3. different degrees of knowledge about, and understanding of, the system can be addressed successfully, provided that there is a sufficient number of people with available time and the willingness to conduct introductory sessions, and those people have a capacity to accommodate different levels of knowledge within large group meetings. As the number of centres undertaking the self-study process grows, there will be less difficulty in accommodating the different levels of expertise which centre staff may have achieved;

4. centre staff need support while they are undertaking the self-study process. This can be provided by voluntary group meetings, but meetings outside normal working hours place additional stress on both centre staff and volunteer support personnel. In addition, without a central office staffed by people who are both available and qualified to advise enquirers, there can be delays and inconsistency in the support which centre personnel require.

The establishment of the Interim National Accreditation Council, with its support infrastructure, is therefore welcomed. It is to be hoped that the experiences of the AECA (NSW Branch) in implementing NAEYC's accreditation system will be taken into account by that Council and that the accreditation system which the Council develops will be as comprehensive as the NAEYC system and as open to revision in the light of experience as the NAEYC system has been.

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ENDNOTES

[1] Explanation of the reasons for selection of the NAEYC system by AECA (NSW Branch) are given in Kelly (1990). Readers who may be unfamiliar with this system are referred to Bredekamp, S. (ed) (1987) *Accreditation criteria and procedures.* Washington, DC: NAEYC.

[2] For Queensland, see McCrea, N.L. and Piscitelli, B. (eds) (1989) *Handbook of high quality criteria for early childhood programs* Kelvin Grove, Qld: Brisbane CAE; McCrea, N.L. and Piscitelli, B. (eds) (1989) *Guide to self-study and accreditation of early childhood programs.* Kelvin Grove, Qld: Brisbane CAE.

For Victoria, see AECA Victorian Branch (1988) *Co-ordinator's report* and *Playroom observation schedule.*

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Accreditation—go for it!

Early in 1991, the Dee Why and San Remo Child Care Centres became the first children's services in Australia to be accredited. Louise Brennan visited Dee Why and asked the staff how accreditation had affected them. The collective response was "Go for it." We have reprinted in full many of the comments made by staff of the Dee Why Children's Centre to give you a real sense of their experience of accreditation.

Dee Why is a long day care centre run by the Warringah Shire Council. It has 60 places and is open between 7.30 am and 5.30 pm. The centre was purpose-built 15 years ago. The staff consist of a non-teaching director, an administrative assistant, a permanent relief person who is CCC-trained, ten teaching staff, and two cooks who job-share a 5-day week job.

Louise Dungate is the non-teaching director. Louise has a masters degree in Early Childhood Education and worked for 13 years in a preschool before coming to long day care.

"I like to spend at least fifty percent of my time each day in the rooms and be available to staff. I'll go from one room to another and see how everybody is and how the children are. I greet the children in the morning at the door. I'm usually the first person they see, so I know all the families and all the children."

Louise, standing, and Beth, the Administrative Assistant. Louise: "Accreditation taught me to delegate. It taught staff to have a say in things."

Why did you decide to try accreditation?

"I'd read about accreditation in *Young Children* for years and thought, When is this amazing being going to come to Australia? I wonder if it would help? It sounded so wonderful in the journals. They didn't really give the nitty gritty, they just said it was there. Then the developmentally appropriate practice things came out in the NAEYC journals. I used them when I was in preschools. Eventually I heard through June Wangmann [then Co-ordinator of Community Child Care] that accreditation was here. I had a look at it and thought, this is how I can bring all those things together and make sure I've covered everything."

Louise suggested to the staff that they have a meeting to discuss accreditation. Their first reaction was to say "What on earth is that?" Louise had only been in the job for five months and the staff were initially apprehensive at what they saw as more change. Louise explained that it was a way of checking the whole service to see if they were running a top quality centre.

"Most of them looked pretty daunted. I chose a couple of criteria and read them out. One example was *Staff treat the children with respect.* They realised that they already did that and that the accreditation process just meant breaking up everything into little chunks. We decided we could have an accreditation meeting once every fortnight. We worked out a time line and agreed that by April we'd do such and such."

How did you get things started?

"Classroom observations were the first step. Some staff resisted these, so I suggested they do them together rather than alone.

"We had dilemmas about what is humiliation to a child...what is good discipline... what is "respect" in your voice and so on, To trial the classroom observations, I asked each of the two people in the rooms to think about how they and their room measured up. After three weeks I went into the roomto see how they matched and if there were discrepancies.

"I think early childhood people can be very critical of themselves, so I wanted to hear that criticism and then match it up [with what they were actually doing]. There weren't many discrepancies. To test it we put our names in a hat and we each got a pretend validator for each room. The pretend validator went into a room they had never worked in before We had the cook involved in that... She was looking at it with the eyes of somebody like a parent who isn't trained. Also, she is part of our centre and would see things - and she certainly did. So that's how we started with all the classroom observation things. Once that was finished we got onto the parents."

Dee Why sent out a newsletter telling people what was involved in the accreditation system and what the accreditation process involved. It explained to the parents that unless they all did it there was no way they could get past first base. A meeting was held. Part of the criteria for the accreditation was to have written policies.

"We had policies but they were all over the place They went out in newsletters and they were never collected together. So we wrote a handbook. I gave each member of staff a piece that was drafted out and that needed things added to it. They had to take that away for two weeks, then comment and bring it back to the staff meeting.

"At the parent meeting parents came up with policies they wanted put in, like relief staff—How did we choose relief staff and what do we do about it—enrolment procedures, maternity leave. All sorts of things. Although the staff did ninety percent of the book we had some input from parents, but not nearly as much as I would like. That was the first time the parents had ever been asked to come to the centre for a meeting or to discuss anything to do with the centre."

In order to help parents become involved, the service offered child care for the evening.

"At the parent meeting we also spent a lot of time telling them about programming and what we did, how we looked at individual children's needs. They had no idea that we did that and were thrilled. They said, *Why haven't you told us that before?* So out of that came the fact that we need to have regular parent get-togethers.

"Then we gave them the questionnaire There are two questionnaires: an open ended and a closed one [*yes/no* responses]. The open-ended questionnaire is really quite brutally blunt. We wanted to hear nitty gritty awful things. They were anonymous and we had a box that was sealed. Everybody replied to that."

What sorts of comments did you get?

"Lots of good things. Some of the bad things were, *I don't know whether my child's eaten all of their lunch. I know they've eaten some, but I don't know if they've eaten it all. I don't know if they were sick during the day, or I don't know if they were unhappy during the day, or who are their friends. I don't get enough time to talk to the teachers about things that I need to talk about. How do you discipline my child? Is it the same as what I do?* Really basic questions about what happens with the children. So that was really awful and we had lots to do from that. Just doing that survey would be invaluable for any centre.

What were some of the major difficulties or challenges that you faced going through this as a director?

"The administrative work was enormous. The administrative stuff and getting the staff handbook done, getting new staff in and getting them orientated, is such a huge task but it's so important. We were pleased with the way all the staff were programming. I expected all of the programming for children to be done on an individual basis and to be child-focussed. My major concerns were with the outside area. The playgrounds were real nightmares. Two of them are lovely and two of them are horrible. The staff felt that too. Two of our playgrounds would be better as parking lots.

What do you see as major advantages of going through the accreditation process?

"What it did to the staff. We're such a big staff—15. I've never worked with that many people before. We were all involved and they all pulled together and everybody put in something. It was such a team effort, but it had to be.

"It taught me to delegate. It taught them to have a say in things. They took on the reins. They own it now. Early childhood people have such lousy morales usually, about the way they are working, and they realised as they went through the criteria that they were doing 80-90% of it and they felt really good because here was this stuff in writing about what was the best you could do for children in your care. And they were doing it and that made us feel really good and encouraged them to do all the rest. At times we thought we'd never do it. We'd have a meeting and say *We can't do this. It's too hard.*"

How frequently did you have meetings about accreditation?

"Within our centre we had them probably every two or three weeks for about four months, each approximately half an hour long. We'd tag them on to the back of a staff meeting when we'd finished all the other business. People who wanted to stay, stayed."

Louise said that staff attendance at the accreditation meetings was voluntary. Staff also participated in support meetings with other services going through accreditation. "I was very proud of my staff. They'd turn up, all of them, every single one of them, to these meetings."

Were there any other meetings or relief workers employed to replace you while you were undertaking any part of the process?

"No. The support I had personally was through the support meetings, talking to my own staff and talking to Jan Kelly [from the Australian Early Childhood Association] who was our support person. felt that if I was concerned about any thing, I could talk to the staff."

You're saying that you really need a solid core of staff?

"Yes. But if you've had a huge turnove and you've got your staff, I think it woul be wrong to say, Okay I'm going to wai nine months and see if they stay. Get int it and do it and I think you'll see that the stay because they've got this to go for And some of them would say, when it go really dark, *Well at least I can put this or my reference!*. That was in the darke moments!

"Apart from playgrounds, we felt we weren't doing enough to recognise dif ferent children's cultures, but the validator disagreed with us. He said we were and felt we were a lot better than we felt. We also felt that our environment was very harsh and open and that we weren't a soft cosy, homely place. We are still very much a long day care centre with a whiff of institutionalisation about it so we've still got a long way to go with that.

Did the parents identify anything that they felt was a major achievement as a result of the accreditation process?

"A lot of parents came and congratulated the staff after we sent out a newsletter letting them know we'd been accredited. One parent now wants to help us with our anti-bias, multicultural stuff."

Where to now?

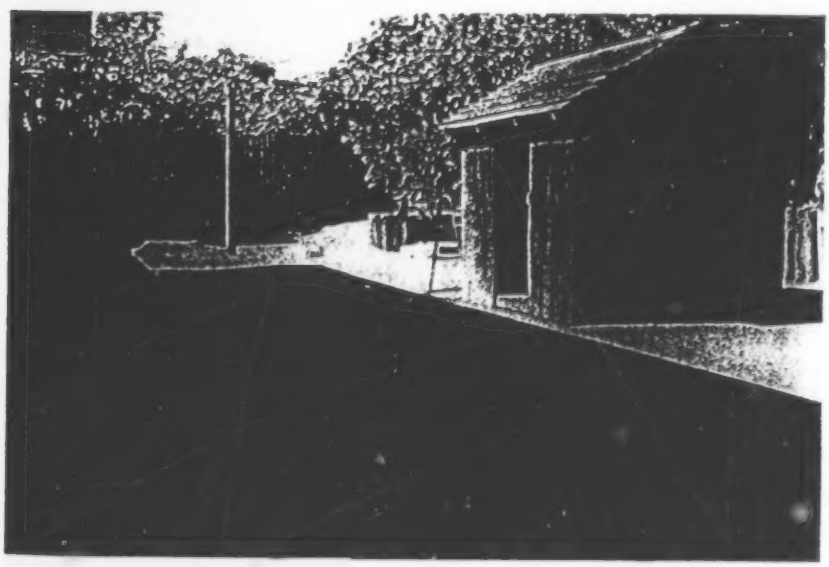
"We're not going to rest on our laurels! There's so much more that we can do. Staff are more aware of the way they're planning the environment: they are really thinking about how it looks to a child.

"We want the parents to *own* the centre. That's basically what it all boils down to. We've got a centre that they say they're proud of but we want them to own it. We've changed the type of news we give them slightly. Now it's not just reminders and things that are coming up but also staff gossip—what staff are doing, their hobbies and so on. We give them anecdotes of what the children have said. We personally invite them in on a one-to-one basis."

What support or role did council have through this whole process, given that they're your employer?

"My supervisor was excited that we were doing it. I didn't ask for anything specific. I certainly overspent my budget in maintenance and playground-building by about $6,000. One of our rooms was so hot it was 41-42 degrees in summer. That's where the money went. But we could have got accreditation without that. Council have been told we've been accredited and they're all very proud.

"My major concerns were with the outside area... Two of our playgrounds would have been better as parking lots"



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Colleen works in the 3-year-olds' room: "It makes you re-think things more often. It gives you an idea of where your work is at."

"Coming back, I can see the staff have really grown together. You find help everywhere you go. There's always reassurance and always talking and going through things with Louise, our director. When you have questions she sits down with you and does things. You're put in the situation where you have to do things for accreditation and that's quite good. You learn a lot. For the centre, good things were getting in more plants, dividing the room up, hanging things off the walls, making the whole room more homely."

Cathy has worked in child care for 17 years and is currently in the babies' room at Dee Why.

What were the major benefits of the accreditation process?

"It really made me look at myself and I was quite happy to find I was doing the right thing after all. You know you think that accreditation is this BIG thing you have to do. But when you really looked at it, it was good for us because we found we were doing the right things already and it made us look at the things we hadn't accomplished. If it wasn't too costly then we we would decide we could go ahead and do it.

"It was very thorough. There were tiny things we had to look at that we weren't doing. There was one little thing we hadn't been doing. Children have runny noses out in the yard. You see three or four. You grab tissues and you go and wipe noses, one after the other, with separate tissues. The accreditation questionnaire asked us if we washed our hands in between wiping each child's nose. We thought, No, we don't. You couldn't really run inside to wash your hands and then continue the process! So to cut corners a bit and stay inside the accreditation guidelines we used those 'wet ones'. So when we grabbed a tissue, we grabbed a wet one. Our solution was simple, and it worked. Also, we have [introduced] different colours for change mat covers. Yellow for babies under 12 months and white for older babies. They get washed daily as well as being wiped down after each change. They're easy to wash. They don't have grooves in the plastic, which is good too.

"The process has been very good for all the staff and for the centre. It makes you feel good about yourself. It'll be easier next time, in three years time."

How did you feel the day the validator was here?

"Oh my goodness, my finger nails were nearly chewed to the bone. We were first to be done. He came straight to the nursery at half past eight in the morning One of our staff member's had their car break down on the way in, so we were one down. And we were tearing our hair out. There he was, watching it all and I thought *We're not going to pass! We're not going to pass!* But anyway he was quite good. He came up to us and said *I'm just as nervous as you are.. That made us feel a lot better. After that it went quite well. A day to remember. Everything went quite smoothly."*

What personal goals did you identify?

"It's so very important I feel, to have that rapport with children. To get a strong bonding with the children. To make their day happy. Just to be there for them all the time. That to me is the most important part of caring for very young babies. They need your attention. They need your time. For parents I think they feel it's a feather in their cap that their child comes to an accredited centre."

Cathy: "[Accreditation] made me look at myself and I was quite happy to find I was doing the right thing after all."

Kirsten has been a teacher in the four-year-olds' room for two years.

"Finding time when we could all get together was hard. With all the different shifts. It always had to be on our own time."

So how do you feel about it being a totally voluntary process?

"I think it's great. I really think that that implies a high quality affair. If you're willing to volunteer time on your own to promote yourself and improve yourself then you're a quality person!"

What challenges were there for you in the process?

"Louise went away for five weeks and I had to go through a lot of the administrative tasks that I really had no idea about before. It was really satisfying to see how many things we were already doing."

What other benefits were there for you personally?

"It gave everyone a great boost in morale. We all had thought before, *I do more than you* and *I'm more important than you. I've got more children than you so my job's harder than yours.* This really made everyone aware that everyone worked hard and going into each others rooms showed us what people actually did. Parent communication improved for me. Talking about accreditation opened up avenues that got a rapport going. So it was a good experience."

Now that you've been stamped, what next?

"We have to do it again in 3 years or before if the staff turnover is high. If I ever left the centre, I'd like to do it in another centre. Now that we know which areas to concentrate on we need to look at that further. [We will also] look at training and on-going courses and things like that to help us keep improving. Every now and then I think we should flick through the accreditation guidelines to check how we are going."

What would you say to other services who were thinking of going through the process?

"GO for it!"

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Beth is the Administrative Assistant at Dee Why.

What was one of the most wonderful things about going through the process of accreditation?

"I guess for me it was a fulfilling way of ensuring we were doing the right thing in the centre.

Did you notice any difference between the parent contact when you began the process and when you became an accredited centre?

"I felt the parents became more interested in what we were doing."

Do you remember particular difficulties or major challenges that you had to face yourself?

"Probably time. We had a lot of written information we had to compile. A lot of reports we had to write."

How did you manage to find the time?

"Basically we had to do a lot of it out of hours, a lot of it after work. We had a lot of support meetings with other centres that came together about once a month to nut out problems and share resources. That was really helpful.

With regard to being a member of a team —did you notice any difference?

"Yes, for sure, everyone pulled together really hard and worked well."

Diane has been at the service ten years.

What was one of the hard things about going through the accreditation process.

"Probably just assessing ourselves. Like looking at every area to see if we're doing the right thing for that child."

Part of the process is assessing ourselves as professional workers too isn't it? How did you find that aspect?

"That was fun. When we assessed what we were doing, we were doing what we had to be doing [according] to the book. Some of [the staff] said things like *How do you punish a child? Do you sit it in the corner? Is that humiliating the child? Or is that just punishing the child?* That was really hard.

Monique has been employed at Dee Why for nine months. She is currently doing the Associate Diploma in Child Care and works in the two-year-olds' room.

What was difficult or challenging about the accreditation process?

"We worked hard to make sure our programming was as good as we could make it. We put a lot of thought into it. Safety procedures and making sure the room was safe as well. Because I hadn't had much experience in programming before, I had to learn how to actually take on a teacher's responsibilities

Sandra the cook: "I got to know a lot of things I didn't know before. How the rooms were run. Programming. I didn't realise the girls actually had time to sit down and do things like that."

I really enjoy my job a lot more. I feel like I'm walking away every day having done something, rather than just turning up.

What was beneficial?

"It's something to be proud of. There was a lot of team work involved. I'm more confident now and learning how to manage myself and how to manage them.

Michelle is a registered nurse. She has worked at Dee Why for three years and is currently working in the three-year-olds' room.

"It was good because I'd never done any programming or anything like that. My background didn't cover that. I found I had to go away and do some reading. Actually I think it [accreditation] was good for the centre, especially from the point of view of the parents, to have someone come in and say that this a very good centre and meets these certain criteria."

What was hard about it?

"I didn't find it hard. I think the hardest thing was for Louise and Beth who had to do all the administrative things. We were given another room to go into to see if they were meeting the standards. I found that really interesting because I hadn't worked in any of the other rooms before. We found we all marked ourselves very, very hard and by getting someone else in we realised we were marking ourselves too harshly."

Did you notice any changes in the ways that parents related to you?

"A lot of parents didn't realise that we did programs or that we had developmental checklists. We do individual programs for each child.

"If you're leaving your child here for a certain number of hours every day, for sometimes five years, you should be able to know that your child is getting the bes care they can possibly get. Hospitals ar accredited, so should child care centre be. It's a different type of care but it's stil care."

Sandra the cook works three days a week and has been at Dee Why for a year and a bit. Sandra was asked to comment on the practices in one of the rooms.

"I felt like I was being a bit of a spy but it all worked out well in the end. I had been in the rooms a couple of times as relief and I really enjoyed it. The others all took it well. They did it to me. The kitchen was pretty right."

What was good about the process?

"I used to work at Woolworths. That was very inflexible. I find this very flexible, working with the team here. I got to know a lot of things I didn't know before, like how the rooms were run programming. I didn't realise the girls actually had time to sit down and do things like that. I thought they sort of worked it out as they got here. I didn't realise they had to sit down and plan it all."

How did you feel the day the validator came here?

"Very nervous. I didn't know whether we were supposed to feed him. The people here are really a great team to work with. I think everybody works very hard. You've got to have someone like Louise pushing. Louise is a great boss. I really think without her we wouldn't have bothered. We all tend to be a bit slack. We all want to do these things but we think about it and don't really do it."

Colleen works in the 3-year-olds room as a CCC.

"A lot of things changed outdoors while I was away. New plants and a new sand pit. I could tell that the staff were working together more. Just talking more to each other, communicating more about children, about things that happen in the centre.

"We used to have themes that we would work on together. We would look at individual children, but not as much as we do now. With the program we have now and the checklists, we can set specific goals and work with each child. When I came back there had been a big change. It shows you can work easily with the checklists and observations. We're observing children more often to see how they develop. We do the observations any time we can. If one of us has group time the other observes. It gives you the opportunity as a professional to work on your program. It makes it easier to develop in the right direction and it makes you re think things more often. It gives you an idea of where your work is at.

In April 1990 the Newsletter gave the following editorial...

A LETTER TO THE MINISTER

Following the election AECA wrote to the new Minister with responsibility for Child Care, the Hon Peter Staples, outlining a range of issues and concerns that they would like to discuss with him. The following are excerpts from that letter:

> ..... "The decision by Government to expand and substantially strengthen its Children's Services Program (CSP), as announced by the Prime Minister on March 8, is one which is welcomed by this organisation. Many of the announced changes to the fee relief system are also welcomed. The decision to extend fee relief to for-profit centres, however, represents a major shift in policy direction for the Government, and gives us cause for serious concern.
>
> ..... AECA strongly supports the need to retain a system which is amenable to planning, which is both interested in and able to provide care of acceptable quality to high needs groups in the community, as well as mainstream users, and which is fully accountable.
>
> Maintenance of the CSP depends very much on continuing operational subsidies at least at their present value in real terms. We note that the announcement was silent on the issue of operational subsidies, and would like to receive clarification that the intention is to retain operational subsidies in real terms as a central and crucial part of the program. It is only through operational subsidies that the Commonwealth is able to retain control over important policy concerns such as priority of access, integration of children with special needs, and parent involvement in management.
>
> AECA strongly endorses those decisions which will bring fee relief provisions into closer alignment within the various strands of the CSP, thereby reducing anomalies which have created serious problems for some programs within the CSP.....
>
> We acknowledge that both the significantly expanded range of income levels over which fee relief will apply, and the changed withdrawal rate for fee relief are measures which will help to make child care more affordable for many families. We regret that this issue was not addressed by increasing fee relief ceilings to the level of approved fees, as this would have given greater relief to those families on minimum incomes by eliminating gap fees. We are still concerned about the problem of gap fees, especially for families already eligible for full fee relief, and hope that their situation can be monitored closely.

The major cost increases which will result from all these decisions taken together give us our greatest cause for concern for the future of the CSP. Given the right budgetary times which are likely to lie ahead, we foresee continuing pressure to withdraw from operational subsidies and indexation of fee relief ceilings, even if there is a current agreement that they be continued.

Unless private sector funding can be brought into the planning process, the balance between public and private sector child care provision will potentially be distorted towards the private sector, irrespective of intention. This is an issue we would like to discuss with you further.

We would also like to discuss with you your concerns to maintain quality of program provision through a system of accreditation. ..... We are currently exploring a range of issues surrounding national standards and accreditation, as well as various approaches to service accreditation systems.

We agree that the implementation of an accreditation or national standards system will take some time. We are therefore concerned at the announced intention to give all services provisional accreditation as of January 1, 1991, as we believe fee relief, once given, will be very difficult to take away from any service, and especially so if they have been receiving those funds for a significant period of time....."

In July 1990 the Newsletter ran the following editorial...

OPTIONS FOR A NATIONAL SYSTEM OF SERVICE ACCREDITATION FOR THE CHILD CARE INDUSTRY

A Consultative Committee has been established by Government to assess the options for a national system of service accreditation for the child care industry.

During the 1990 election campaign the Prime Minister promised that the Government would work with key interests in the child care industry to develop a system of service accreditation which will ensure that children have access to quality care. The Minister for Aged, Family and Health Services has now moved to establish this Committee. It will be chaired by Mary Crawford MP who is a member of the Government's Caucus Committee on Community Services, Health and Welfare.

Who are the Members?
The membership of the Committee will consist of representatives from the commercial sector, union organisations, the non-profit sector and the Children's Services Program National Advisory Committee. Anne Stonehouse has been asked as President of AECA to be a member of the Committee.

The Terms of Reference:
The Committee will be required to:

i. Assess a range of possible child care accreditation options;

ii. Make recommendations to the Minister for Aged, Family and Health Services on an accreditation system which would:

- over time, encourage consistent standards and improve quality across the child care industry in Australia;
- facilitate involvement of all interested parties (including providers in all sectors, staff and parents, State and Local Government, and the child care unions) in the setting and maintenance of standards;
- achieve a standard of care which provides quality outcomes for children and parents at an affordable cost to users and Governments;
- be a complementary system to State/Territory licensing regulations.

iii. Provide a draft report to the Minister for Aged, Family and Health Services by the end of July 1990 setting out the Committee's recommendations for a national accreditation system;

iv. Provide a final report to the Minister for Aged, Family and Health Services by the end of September 1990 following further consultation on the draft report.

The Process:

Submissions will be sought from key organisations in the industry and these will be considered by the Committee. AECA has been invited to make a submission which has to be in by 20 July 1990. The Department of Community Services and Health will provide the Committee with a summary paper which draws together the key elements of the submissions received. It is envisaged that the Committee will meet for three days in Canberra from 29-31 July to consider the options and provide a draft report which makes recommendations to the Minister for Aged, Family and Health Services on the structure and nature of a national system of service accreditation for the child care industry. The final report will be presented to the Minister by the end of September 1990 following further consultations on the draft report.

A further extract from the July 1990 Newsletter...

AECA SUPPORTS VOLUNTARY ACCREDITATION OF EARLY CHILDHOOD PROGRAMS

There is increasing recognition of the need to assure quality in early childhood programs. State licensing regulations have an essential role in maintaining minimum standards, but by their very nature can only go part of the way towards quality assurance.

An approach which has been successfully developed within some professions is called accreditation. There are many different accreditation models in Australia, including the Standards for Health Care Facilities and Outcome Standards for Australian Nursing Homes. All of these models are referred to as accreditation and produce documents called '*Accreditation Guides*'. What all of the approaches to accreditation have in common is the purpose of improving standards within their profession.

The Australian Early Childhood Association is actively investigating possible ways of introducing a national system of accreditation for early childhood programs in Australia. One model which AECA is examining closely is a system of voluntary accreditation developed within the United States by the National Association for the Education of Young Children (NAEYC) for use by early childhood programs there. This system is entirely voluntary, and NAEYC argue that this is essential if their system is to work as intended. The purpose of the system, is to raise standards of care generally, rather than to pick out those few centres already offering programs of high quality. Much of the impact of the system comes about through improvements in practice which result when staff in centres examine their practices.

The self-study phase of the process involves parents and staff working together to evaluate the program against a set of criteria carefully designed to define quality in very specific identifiable ways. They may then decide to call in an outside validator, who is an early childhood professional, to confirm their self ratings. The system of accreditation developed by the Australian Council for Health Care's Standards is very like the NAEYC approach to accreditation.

AECA is considering developing a similar system for Australia, recognising that some modifications will need to be made to make it suitable for this country.

For more information, contact the National Office of the Australian Early Childhood Association (PO Box 105, WATSON, ACT 2602 . Ph: 06.241 6900. Fax: 06.241 5547).

In the August 1990 Newsletter the editorial read...

THE DRAFT REPORT

The Commonwealth Committee which was established recently to assess the options for a national system of Service Accreditation for the Child Care Industry released a Draft Report for Consultation and the Committee will meet again in the near future to consider the responses to that report and make its final recommendations to the Minister.

AECA was generally pleased with the recommendations contained in the Draft Report and in its submission raised some key issues which needed to be resolved.

The Draft Report was based on a number of propositions, some of which were explicit and some implied. Those propositions were:

- that the system should be voluntary and should be industry controlled;
- that there is a specific body of knowledge about child development and early childhood education and care upon which the accreditation system should be based;
- that the system would use the expertise of early childhood professionals;
- that a process of self-motivated, self-study is directly connected to improved practice and should be integral with the accreditation system;
- that the system would encourage broad and equitable participation in the accreditation process; that is, it would not be elitist;
- that the system for voluntary accreditation should be independent of Government;
- that the quality assurance in child care services may be achieved progressively;
- that the voluntary system should be structured in such a way as to encourage participation and give services useful feedback on their progress towards accreditation;
- that the system should set achievable levels of quality in child care services;
- that some level of quality assurance that linked to first steps towards accreditation should be tied to fee relief.

In addition, the Report contained suggestions about the components of the proposed accreditation system. These are that:

- an independent Council with broad industry representation should be established to be responsible for the development of a system of voluntary accreditation;

- the system that is established will be based on a series of discrete modules designed to encourage progressive movement towards accredited status;

- the conditions fo fee relief should include compliance with some level of quality assurance;

- there should be a structural link between the receipt of fee relief and the voluntary accreditation agency;

- an extensive community information program needs to be an integral part of the accreditation system.

There are important issues and questions yet to be addressed. These will affect substantially the extent to which an accreditation system moves services toward improvements in quality or unwittingly undermines this process. For AECA the major issue is as follows:

> ***Given the proposed link between the quality related conditions for fee relief and the voluntary accreditation system, what steps need to be taken to protect the integrity of the voluntary accreditation process? In other words, how can the system be set up to promote rather than jeopardise involvement by services in voluntary accreditation?***

AECA's response to the Draft Report addressed this issue and in doing so identified the following questions:

1. What should be the nature of the compulsory criteria related to quality, compliance with which will be required for fee relief?

2. What are the roles of early childhood professionals in the development and assessment of the accreditation criteria in both the voluntary elements of the accreditation progress as well as those required for receipt of fee relief?

3. What is the connection between the role of the person assessing compliance with quality related criteria for fee relief and that of the validator (or equivalent) in the voluntary accreditation system?

4. How can progression from compliance with the quality related criteria required for fee relief to participation in the voluntary accreditation process be promoted?

5. What is the level of quality at which the accreditation system is aimed?

6. How must the system be structured so as to make it clear that neither accreditation nor the status of having met the conditions for receipt of fee relief, once gained, carried permanent status?

7. What is the nexus between the commitment to broad participation in the accreditation process and user rights, and how should this be given expression in the system?

The following paragraph was in the December 1990 Newsletter...

ACCREDITATION UPDATE

The Child Care Act Amendment Bill was finally passed by parliament on 6 December, paving the way for fee relief to be extended to commercial and unfunded community long day care centres from 1 January 1991. A proposal to establish an industry based voluntary accreditation system will be put to Cabinet early in the new year by the Minister for Aged, Family and Health Services, Peter Staples. If the proposal is to be meaningful, it will be essential that the Accreditation Council is granted sufficient start up funds to be able to operate effectively and independently of annual government budget processes.

In February 1991 the Newsletter had the following editorial...

THE ACCREDITATION DEBATE

The government has promised to introduce a system of accreditation for child care, but cannot deliver on that promise without the approval of Cabinet in the first instance, and then of Parliament.

The recent debate surrounding the passage of the amendments to the Child Care Act needed to allow fee relief to be paid to commercial child care centres revealed a disturbing lack of understanding of quality issues in child care among Parliamentarians of all political persuasions. This lack of understanding is almost certainly reflected within the community and must be overcome because parent voices will be much more effective than those of workers in convincing policy makers that quality counts. We need to give them hard facts in a language which is concrete and accessible to people outside the field. The misconceptions which must be countered are that:

- minimum standards of care are sufficient;
- early childhood professionals advocating for quality care are just featherbedding the industry and are unconcerned about costs;
- there is no evidence of any impact of the quality of the program on children;
- a national system of accreditation would add unnecessary duplication to State/Territory Licensing activities and would represent a Federal takeover of a previously State-based responsibility;
- parents can and do recognise quality, and have the right to determine their preferred standard of care.
- accreditation costs will make child care unaffordable.

Minimum standards alone are not sufficient

Minimum standards for child care are just that--the minimum required by law of a service if it is to operate as a child care facility. All States and Territories license child care centres which are open for the full day and these regulations currently vary greatly from one State/Territory to another. Licensing conditions simply reflect the minimum operating standard permitted of a long day care service in that State/Territory. That is, they set out the 'least you can provide and still get your money', to put it crudely.

Much scope for improvement lies beyond the minimum standards prescribed. For one thing, licensing standards are apt to be limited in nature and they tend to emphasise characteristics that are easily measurable. For example, they typically stipulate physical features of the centre or describe easily defined characteristics required of staffing such as minimum staff/child ratios etc.

However, they do not directly measure what the program is actually like for the children who are in it. Such measures are more meaningful for parents and others wishing to evaluate a program, but they are also much more complex measures to design and carry out and are less frequently found in licensing standards.

Early childhood professionals care about children

Child care workers who stay and advocate for better programs do so because of their commitment to child care to children. They are better placed than anyone else to understand the seriousness of low standards of care for children and to recognise when a service is not working well. Although working conditions and salaries have improved in recent times, a child care worker would still be far better off moving to virtually any other industry to pursue the normal ambitions of most workers.

There is increasing evidence of the impact of quality of child care on children

For many years there has been substantial evidence of the benefits of high quality preschool and long day care programs. Many of these studies compare children who have attended a program with those who have stayed at home and find that those who have attended the programs fare better.

Some of the best conducted studies indicate that positive outcomes for children hinge on the nature of the program, and not simply on attendance in an early childhood program per se. David Weikart carried out a study of this kind and found that positive impacts of attendance in his special preschool program and another like it were evident ten years later. Weikart believes that it was the way the programs were run that made the long term difference in outcome.

Increasingly, researchers are beginning to report negative impacts of poor quality programs. Studies are now beginning to show not merely that high quality programs are of benefit to children, but that poor quality programs damage them.

A national system of accreditation will not duplicate State/Territory licensing

The purpose of an accreditation system is to identify areas of improvement possible over and above the minimum required by law. An accreditation rating takes into account the overall functioning of the program, not just its easy to describe physical features. Accredited status means that a centre is presenting a program which in the eyes of the field is of genuinely high standard.

Accreditation is not a new concept. Systems of accreditation exist in other fields, such as the health care industry, where their value in assuring quality for clients has been recognised. Here, as in child care, it is recognised that a voluntary system of accreditation which is developed and administered within the industry, based on the best professional knowledge available about good practice, is the best way of raising and/or maintaining standards for clients.

Parents can and do recognise quality, but not necessarily its absence

Parents recognise when their children are in a good program, but may not detect care of a lower standard unless they have experienced a better program directly. Parents also tend to rationalise aspects of their child's care which they are unhappy about, and typically report high levels of satisfaction with the child care they are using. Admitting, even to oneself, that your child may be in a poor program is very threatening to parents who already are apt to feel guilty about using child care, and who in any case have little choice. A recent analysis of parent data from a large new American study of child care programs, the National Child Care Staffing Study, showed that 80% of mothers were satisfied with their present centre, even when the program was rated by the researchers as being of low quality, or of minimally acceptable quality.

Parents have the right to choose the level of quality they want for their children but they also have the right to enough information to enable them to make an informed choice

One of the most important features of an accreditation system for child care is that it would provide users with clear information about the standard of care being provided by a centre and about the criteria against which the standard was measured. Compare this with the present situation in which centres are licensed to operate on the basis of minimum standards and 'buyer beware' rules apply.

In April 1991 the Newsletter reported on the...

ACCREDITATION DINNER

A recent dinner to celebrate the successful completion by two child care centres of a pilot accreditation program in New South Wales was a very special occasion for the NSW Branch of AECA and for a great many others who came to congratulate the centres and to celebrate the striving for quality which their success represents. The Minister for Children's Services, Peter Staples, attended, as did all the senior officers from the Child Care Division of DCS&H. In his press release, the Minister headlined the dinner, *"NSW pilot child care accreditation project paves way for national accreditation."*

Although his speech gave no indication of when national accreditation would come, what he had to say was very supportive of the need for accreditation. It was clear that he gained a great deal from the opportunity to spend an evening talking with the centre directors and parents from the San Remo and Dee Why child care centres who had successfully completed the trial process.

Progress towards an Australian system

The NSW Branch of AECA has been trialling the accreditation system developed in the USA by NAEYC. The Branch has promised to provide free validation and support for the first 10 services to achieve accredited status within the trial system. Support groups are still helping services with the self-study component of the process, with new services welcome. The Vic Branch of AECA have drafted their own set of observation schedules in a bid to make accreditation more suited to the Australian context. Their tool can be obtained for $10 by writing to the Branch. The ACT Branch of AECA have been trialling an adaptation of the NAEYC accreditation system prepared for the Queensland State Government. June Wangmann, this year's Creswick/Kimpton Scholar, is currently in the USA studying a range of approaches to accreditation there. This information, together with our growing national familiarity with various tools and approaches, should help us create a truly Australian system.

Accreditation for all early childhood programs

Although the first thrust of most of the work being undertaken on accreditation is directed at long day care, AECA is very interested in seeing accreditation programs for all early childhood programs, perhaps even including primary school settings. It is encouraging that the Family Day Care Council has written to the Minister, calling for the inclusion of FDC in a national system of accreditation and endorsing the recommendations of the Crawford Committee Report.

Some further thinking on Module 1

A number of groups and individuals have been sharing ideas on the kind of quality related criteria which should be in Module 1, the part of the accreditation system which has been recommended to be tied to fee relief. There is growing agreement that this module should contain criteria which are an integral part of the full voluntary system, and which represent features of quality which the community as a whole would see to be fundamental requirements for children in care. This approach would require that the voluntary system be developed in advance of Module 1. Basing the content of Module 1 on a commonsense view of those things that no child should have to do without would greatly enhance everyone's ability to understand, accept and comply with the requirements of the module.

The May 1991 Newsletter provided this article...

WHAT IS THIS THING CALLED ACCREDITATION?

Over recent months this newsletter has provided many updates on progress towards developing a national system of voluntary accreditation of early childhood programs. But a number of people are still puzzled as to what is meant by accreditation, and what impact introducing such a system will have on them and the way they will be expected to work with young children.

There is increasing recognition of the need to assure quality in early childhood programs. State licensing regulations have an essential role in maintaining minimum standards, but by their very nature can only go part of the way towards quality assurance.

Voluntary accreditation is an approach which has been successfully developed within some industries. There are different models of accreditation, but they have in common the goal of self improvement of standards. The industry or profession sets its own standards and helps individual services wanting to become accredited to meet them.

One model which is being examined closely is a system of voluntary accreditation developed within the United States by the National Association for the Education of Young Children (NAEYC) for use by early childhood programs there.

Their system is entirely voluntary, and NAEYC argue that this is essential if it is to work as intended. It is interesting to hear from June Wangmann who is currently working at NAEYC and studying their system from the inside, that State Governments are increasingly wanting to use the system, but remove its voluntary aspect. The purpose of the system is to raise standards of care generally, rather than to pick out those few centres already offering programs of high quality. Much of the impact of the system comes about through improvements which result when staff in programs examine their practices in the light of very concrete descriptions of good practice.

The self study phase of the process involves parents and staff working together to evaluate the program against a set of criteria carefully designed to define quality in very specific, identifiable ways without at the same time being too prescriptive and implying there is only one good way to do things. When ready, programs then cal in an outside validator, usually another service director with validator training, to confirm their self ratings. Ratings are then sent to an independent council which confers accredited status on the service or makes suggestions for further improvements.

The idea that a compulsory module might be added to this voluntary system felt very radical when it was first mooted last year. In the light of what we are learning about overseas experience, it now seems less so. It will be good to share June's knowledge when she gets back.

In July 1991 the Newsletter gave the following information...

ACCREDITATION UP-DATE

June Wangmann's Trip

June Wangmann, one of this year's Creswick/Kimpton Scholars, is back from her trip to North America to look closely at a range of service accreditation system operating in the USA and Canada. June has brought back with her a staggering amount of detailed information about accreditation of centre based services and Family Day Care. She was particularly fortunate to be able to spend time working alongside staff in NAEYC, and gained invaluable insights into how their system really works, warts and all. June will be preparing a report of her trip for the Creswick/Kimpton Foundation at the completion of her study.

On the Government Front

June had additional funding for the study tour from the Commonwealth Department of Community Services, Housing and Health, who have now asked her to prepare a public report of her findings. This report, expected in early to mid July, will be circulated widely. The Minister, Peter Staples, has written to his Caucus colleagues indicating that June's report will form an important basis for her response to the recommendations of the Crawford Committee. In his letter the Minister said,

> I intend that the report should be available for discussion and consultation following its completion in early July. This will provide a further opportunity for input into the Government's consideration of the issues. The Government will certainly draw on Ms Wangmann's report in its consideration of a response to the committee's recommendations. I expect to be in a position to outline a response to that report by August 1991. Following the announcement of the Government's response, I expect also to be able to announce the form and composition of an industry body to commence detailed development of an accreditation system.
>
> While some in the community may be disappointed at the apparently slow progress on accreditation, clearly the complexity of the issues involved require detailed consideration, and sufficient time for the community to consider the approach recommended by the committee. I am confident, nevertheless, that we are making steady progress on implementing the Prime minister's promise that we will fulfil this historic opportunity to establish a sensible framework for quality outcomes in chid care.

Proposals for the Link Between Fee Relief and Quality

There has been some concern that the standard of quality which would be required for access to fee relief would be unrealistic and too difficult. AECA's position, which is shared by the ACTU and NACBCS, is that the quality component of the fee relief provision should measure compliance with practices which the average person would agree that no child in child care should have to do without.

In general terms, there is agreement that this component of the fee relief provision must:

- be a direct assessment of quality;
- be acceptable to the child care field as a whole. That is, the requirements should be features of quality that centres agree relate to quality programs; that parents agree they want for their children and that politicians and others can make sense of; be achievable with minimum field support;
- be assessable by appropriately trained and qualified staff;
- be based on observable outcomes for children rather than predictors of quality;
- be integral to the full voluntary system.

It is AECA's view that the elements of this module need to be embedded in the full accreditation tool. This requires that the entire tool is created first, out of which the criteria meeting the above requirements can be selected for the mandatory module.

The August 1991 Newsletter gave the following editorial...

THE BUDGET: HOW CHILD CARE FARED

AECA has promoted the budget as a good result in tight times, and so it was.

The Government has taken the next step towards honouring its election promise to establish a system for the accreditation of child care services. The work of the Minister to ensure this outcome needs to be acknowledged. In a climate where demands of fiscal restraint were made on all Ministers, retaining the current level of funding would have been an achievement. What child care got in the decision to put in place an accreditation system was a real increase.

One million dollars has been provided to establish an industry-based accreditation council. That council will have the task devising a system of accreditation with both a compulsory and a voluntary component.

The budget declared the 1st of January 1994 as the date by which all services receiving fee relief will have to comply with the compulsory elements of the new system. This means that the Council well need to have virtually completed the development task in time for the operational costs of the proposed accreditation system to be provided for in the 1992/93 budget.

By requiring a link between accreditation and fee relief the Government has effectively said that there are some things that no child in child care should have to do without. AECA endorses this and believes that what will be required are practices that the average person would see as basic and that most centres would see as good sense and already have in place.

The establishment of the Council places in the hands of the industry itself the responsibility for the quality of child care services. The Government is to be congratulated and the child care industry should celebrate this as a crucial step towards real community recognition that the care of other people's young children in a group setting is indeed a professional task.

A cautionary note is not out of place however. An accreditation system alone cannot guarantee quality. What is also required are good regulations and the provision of adequate funding by Government.

This budget re-endorsed the principle of indexation, which was the major gain in the last budget, and maintained the link with the Family Allowance Supplement (FAS) cut off as the minimum threshold for eligibility for fee relief. The effect will be that from April 1992 the threshold will increase from $20,756 to $22,056. The upper limit will not change, so there will be mixed results for parents.

Operational subsidies remain and funds have been provided to assist commercial and employer sponsored child care services to integrate children with special needs. No one would deny the funds available for this work are inadequate overall but, in principle, support for the process of integration needs to be available across all services.

For Outside School Hours Care (OSHC) and Occasional Care the impact of the changes will not all be good. The changes to operational subsidies and fee relief in these services will benefit some families whilst others, particularly users of OSHC, are likely to face higher fees.

The Government's child care strategy is a crucial element in its overall labour market strategy. This focus has been reinforced in this budget as users of child care have been divided into those using child care for work-related purposes and others. The fee relief provisions will be more generous for work-related use. This change will highlight the effective penalty imposed on single income families by current policies.

The potential impact of the changes is to encourage the combined provision of long day care and occasional care. To some extent this acknowledges what is already practice and may well enable some occasional care services to remain viable by extending their hours of operation to become long day care providers. Whether this is good for children and families where only one parent is in the paid workforce remains to be seen.

Overall a good result in tight times.

The November 1991 Newsletter carried the following item...

INTERIM NATIONAL ACCREDITATION COUNCIL

An Interim National Accreditation Council is at last being set up. Its timeline will be extremely tight. The Minister hopes the first meeting will be in mid December, and that the Council will have details of a proposed accreditation system linked to fee relief eligibility ready by april 1992. The Interim Council is expected to have a life of 12 months, after which a permanent structure would need to take over.

The organisations that have bee invited to nominate one or more representatives to the Council are:

Australian Early Childhood Association (AECA)
National Association of Community Based
Children's Services (NACBCS)
National Family Day Care Council (NFDCC)
Australian Confederation of Child Care Inc.
Australian Federation of Child Care Associations (AFCCA)
Council for Equal Opportunity in Employment
Confederation of Australian Industry (CAI)
Australian Council of Trade Unions (ACTU)
Training Institutions
Australian Local Government Association (ALGA)
State Government Working Party on Uniform national Regulations
Commonwealth Department of Health, Housing and Community Services, and two parents, to represent consumers.

The Minister may also invite up to three additional representatives.

The Minister's hopes for what the Interim Council can achieve within its timeframe are quite high. The Council will be required to develop a detailed proposal for a system of full accreditation with a mandatory initial module. The proposal needs to consider assessment criteria and processes, reassessment schedules and mechanisms for reporting results to the Department, if eligibility for fee relief is in question. it will also be required to develop costings and explore questions of how much the industry itself could contribute towards running the Council. These two tasks are to be reported on in draft form by April, and finally by the end of June.

The Interim Council is also asked to determine the composition of the permanent Council, prepare a Constitution and other legal documentation required for incorporation. Draft reports of this work are to be ready by the end of June.

In between these tasks, the Council is to develop and commence a community awareness campaign. By the end of October, the Council is to submit a final, detailed report on the accreditation tool, about which there is to have been extensive consultation with all sectors of the industry including parents. The tool is to have been piloted, and the pilot to have been evaluated!

Additionally, the Interim Council will need to establish an administrative unit. it will also have to develop a detailed budget for its own operation and another budget for the operation of the permanent Council.

This is clearly an impossible timeline. The Interim Council's first task must be to set out a realistic timeframe which, however, must include setting the ongoing funding in place in the 1992 budget decisions.

The December 1991 Newsletter ran the following editorial...

THE AGENDA FOR THE CHILDREN'S SERVICES INDUSTRY IN 1992

The children's services industry has been under sustained pressure in 1991 and it is unlikely that this will abate in 1992.

In 1991 the Review of Federal/State Financial Relations opened up the possibility of untying the Commonwealth Specific Purpose Grants to the States thereby placing essential community services in jeopardy.

The tagging of grants for specific purposes has been the mechanism increasingly used by the Commonwealth to ensure the nationwide provision of essential community services. The untying of Commonwealth funds for health, housing, education, child care and a range of other community services would give State treasuries control over these funds. In a context where almost all State governments are facing a very difficult fiscal climate the untying of specific purpose grants would offer an almost irresistible opportunity to increase spending in other areas by dismantling or cutting back on the community services previously protected by their specific purpose funding.

The withdrawal of the Premiers from the Special Premiers Conference leaves this issue unresolved. it is not off the agenda however and the way it is resolved has profound implications for the equitable provision of community services in this country.

In 1992 the industry will need to be vigilant if the provision of community services, including children's services, is not jeopardised in a deal with the Premiers to help resolve their fiscal problems.

In 1991 also, it seemed that the child care sector of the children's services industry had finally won a commitment from Government to the establishment of a national system for the accreditation of long day child care services. The Government decided that there were some things which no child in Government subsidised services should have to do without and declared that all services receiving fee relief would need to comply with some quality related criteria. One million dollars was allocated in the 1991/92 budget for the establishment of an Interim Accreditation Council and for the development of the accreditation program. Significantly, no funds were provided for the recurrent costs of the Council.

The Interim Council is to meet for the first time on the 18th and 19th of December. it has been asked to report back to the Minister in April 1992 with details of a proposed accreditation system, with the link to fee relief spelt out and

with options for industry contributions towards administering the proposed system. In undertaking this task the Minister expects the Council to consult widely with the industry.

It is hard not to be cynical about this exercise. The scope of the task, the time available to do it and the acknowledged necessity of consulting with the industry if the system is to have credibility on the ground, impose what seems to be an impossible burden on the Council. And yet do it they must if the Minister is to make a credible bid for funds to cover the recurrent costs of the system in the 1992/93 Budget and if the system is to be established and funded appropriately prior to the next election.

The alternative is for the Interim Council to look for a compromise which will achieve the 1992/93 Budget commitment and allow the permanent Accreditation Council to be established. What must not happen is that the promise of an effective accreditation mechanism, which provides the industry with systematic approach to improving the quality of its services, it is lost.

The Government's strategic vision of a more skilled and adaptable workforce as the leading edge of ensuring this country's capacity to become more competitive in a global economy has made workforce training a major policy focus in 1991. The proponents of competency based training and national competency standards claim much for this approach. It does offer the potential of a systematic approach to the recognition of prior learning. In theory it would go a long way to dealing with some of the current demands for comparability and portability of workforce skills. There are many who remain sceptical of this approach and see it as mechanistic and as having the potential to de-skill some workers.

Our industry needs to come to grips with these issues because they have the potential to transform it. The care and education of young children is a complex and crucial task which requires complex and sophisticated skills and understandings if it is to be done well.

The question of who should decide the competency profile of workers in this industry is a crucial one. Should it be done by a narrowly tripartite group involving Government, business and unions or should it be done by a more inclusive group. These questions are being answered now and as an industry we need to have our say.

This year too there has been a major focus at the national level on the early years of schooling. This is the first time in many years that the education of young school children has been so squarely on the public agenda. AECA was commissioned by the Schools Council to write a major discussion paper on these early years. Jean Gifford wrote the paper which will be published by the Schools Council early in 1992.

In the April 1992 Newsletter the editorial read...

ACCREDITATION: NOW OR NEVER

If we are to achieve an accreditation system at all let alone one which will work in the interests of children, parents and workers, the industry will need to work constructively together over the next four weeks or the whole process may be derailed.

The Interim Accreditation Council has put out a consultation kit to give the industry something to bite on. It does not represent the Council's preferred position. The kit has in it much with which the industry would both agree and disagree.

The industry has a choice to make. It can use the consultation process to assist the Council to develop a national accreditation system which has the potential to give us all a better understanding of the importance of our work. The alternative is for the industry to use the next four weeks to undermine the work of the Interim Accreditation Council and to discredit accreditation.

AECA has developed a framework for thinking about what we want an accreditation system to do and what this says about its basic structure, the nature of the content and approaches to assessment to assist the industry to respond to the consultation kit. Copies are available from this office or the Lady Gowrie Child Care Centres in your State.

In the final analysis, the system we develop needs to balance simplicity, fairness, protection (of the service and the reviewer) and openness to variety in the interpretation of good practice.

It really is now or never.

The June 1992 Newsletter informed readers of...

AECA's Accreditation Submission

AECA believes strongly that accreditation must belong to the field. If it is to work, the system developed here must reflect Australian values and needs, and must be 'owned' by the industry. This means that there must be broad consultation at all stages in the development of the system. To help individuals and organisations involved in children's services consider their expectations of an accreditation system, AECA prepared a hand-out, *A Suggested Framework for Thinking About an Australian Accreditation System and Responding to the INAC Consultation Kit.* This was distributed at the consultation meetings, and feedback indicates that it helped many groups approach the complex task of responding to the kit. In addition, AECA distributed to national child care associations a summary of key issues and AECA's position in relation to them the week before responses were due.

AECA's submission to INAC recommended that:

- The Accreditation System consist of a Council, accreditation panels and trained reviewers;
- The accreditation process to be based on self-study and self-assessment followed by an outside review visit;
- Expert panels determine accreditation status of services;
- Panel members and reviewers have early childhood qualifications, child development knowledge and experience in the child care industry;
- Accreditation criteria to be limited to the key quality factors of interactions, curriculum, health, nutrition and safety and the important contributing factors of management and staff development;
- Accreditation should be based on achievable standards that could reasonably be expected of all services;
- Accreditation criteria should be expressed in terms of general principles, leaving room for their achievement through a variety of means;
- Fee relief eligibility be tied to compliance with a subset of accreditation criteria;

- Fee relief-linked criteria should represent basic quality features that all could agree no child in care should have to go without;

- Ratings should be on a 3 point scale (not met, partially met, fully met), and multiplied by a public weighting based on the relative importance of each criterion;

- Accreditation status to be yes/no, determined by the panel on the basis of substantial compliance with the criteria;

- Compliance with fee-relief-linked criteria to be yes/no, determined by the panel on the basis of percentage compliance with the criteria.

One group has been advocating a system based on self-study, but with no outside review. Other groups have recommended a fully voluntary system with no links with fee relief. AECA understands that the Minister has said categorically that the latter is not an option from the Government's perspective, however.

The Interim National Accreditation Council (INAC) met on the 19th of June to begin to consider responses to its consultation kit which they had distributed nationally and widely to the children's services sector. The Council needs to provide advice to the Minister on a framework for an accreditation system by 30 June. A follow-up meeting is scheduled for the last week-end in June to finalise the Council's position on such critical issues as the nature of the link between accreditation and fee relief.

The model of accreditation circulated for purposes of consultation in the consultation kit was not a model that the Council had agreed on. It was provided simply as a basis for discussion and had no status within the Council. INAC intends to draft a model based on responses to the consultation and provide the industry with the opportunity for further response.

AECA is drafting a model based on the principles outlined in our submission and hopes to have the opportunity to present the model to INAC in the near future. Many people have said that the principles seem sound, but have difficulty imagining what a system based on them might look like.

The August 1992 Newsletter carried the following...

Accreditation: Second Round of Consultation

The field is to have another chance to have significant input into the development of an Australian accreditation system. The Interim Accreditation Council has released a new set of documents for comment by 2 October. A draft Handbook presents revised components, principles and descriptors, their proposed link to fee relief, a guide to self study and an explanation of the principles and the descriptors viewed within a developmental framework.

The guide to self study was prepared by Dr Jan Kelly of the University of Western Sydney. The elaboration of the principles and descriptors was written by Joan Faragher from the Footscray TAFE in Victoria.

The draft components presented in the handbook are very different from those presented in the first round of consultations, and broadly reflect the comments received during that consultation. It is clear that the Interim Council is serious about listening to the industry as a whole. It will be very important for all groups to take the challenge of responding to the present draft documents very seriously.

Two additional documents have been sent out for comment: a proposed composition and structure of the permanent Accreditation Council and a Costings Estimate of the draft Accreditation System.

The three documents have been sent to all long day care centres, to Peak Bodies and to all training institutions. Responses to the drafts will be collated with information gleaned from a small pilot of the draft tool that is being carried out nationally in 32 centres. The pilot centres have been picked to represent a spread of community based, commercial, special needs and multipurpose Aboriginal centres. The Council plans to employ a consultant to put together a final draft and hopes to present its final report to the Minister by the end of October.

It was very disappointing that the 1992-93 Budget did not provide a commitment of funds to establish a permanent Accreditation Council. This decision was put on hold, pending a clearer indication from the Interim Council of what is intended. Support for accreditation within the industry is high, but opponents of the system are working hard to undermine the Council's chances of success. Comments from the 671 written submissions, 195 telephone submissions and comments from 16 public meetings, 8 pre-consultative meetings and a Sky Channel Teleconference reveal a very wide acceptance of the idea of accreditation across all sectors of the industry. Unfortunately a small, but well organised and very vocal minority of commercial proprietors is working hard to discredit the Council and persuade Government to abandon the concept of accreditation. Continued public expression of support for a National Accreditation System will be crucial. Awareness campaigns among users of services and the public at large using the just released set of consultation documents are needed. Direct lobbying of key politicians remains crucial as well.

Reformatting of the INAC Accreditation Tool

AECA's submission to the consultations with peak organisations which were undertaken by the Interim National Accreditation Council proposed modification of the format of the accreditation documents, some changes in the content, a clearer scoring system, a significantly expanded voluntary component and the addition of a basic care component.

The reformatting proposed by AECA was minor but it would have several important benefits. Below is a section of the INAC consultation tool as it was presented in the consultation documents and how it would look if reformatted in the way suggested by AECA.

INAC format for 13A

	Descriptors		
Principle	Minimal	Good	Exc't
Staff communicate with each other	Staff talk to each other in a friendly and courteous manner	All minimal plus staff express themselves in clear and open-ended ways and listen to each other. Staff are aware of a need for a team approach	All in good plus staff work effectively as a team

Using the AECA format, the same principle and criteria would be written as follows:

13A. Staff communicate with each other		
*	**Staff talk to each other in a friendly and courteous manner**	**1 2 3**
*	Staff express themselves in clear and open-ended ways and listen to each other. Staff are aware of a need for a team approach.	1 2 3
Vol	Staff work effectively as a team	1 2 3

Key: Criteria in bold and marked with a large asterisk are required for all services and represent the base line feature that every child in care should be guaranteed

Shaded criteria marked with a normal asterisk are self selected for fee relief are full accreditation that could be achieved by a centre still working on quality

Voluntary only criteria are marked with **Vol** and are limited to services undertaking a full voluntary accreditation. These are more complex features of quality best left to those seeking full accreditation.

In short, the effects of the changed format are to alter the names of the criteria from minimum to required, from good to self-selected, and from excellent to voluntary only. It presents the criteria singly down the page and each criteria is rated 1 - 3 with 1 = becoming evident, 2 = significantly evident and 3 being fully met.

The effect of the proposed reformatting is to eliminate the use of the judgemental labels 'minimum', 'good' and 'excellent' whilst preserving the reality of a hierarchy among standards. It makes explicit whether the criteria are required for fee relief, potentially optional or not to be considered for fee relief. By providing for a graded rating 1 - 3 for each criteria rather than simply met or unmet the reformatted tool recognises the reality that in many cases the answer won't be a simple yes or no.

The presentation of the criteria in a line down the page allows a principle to have as many different criteria as required, and as many self selected and voluntary levels as are judged useful. It also frees the tool from the artificial need to put equal 'somethings' in each of the 'minimum', 'good' and 'excellent' columns and makes it easier to adapt over time.

The changes to content proposed by AECA would result in the inclusion of additional components dealing with integrating children with special needs, child care in a multicultural environment, anti bias issues generally and an additional component entitled 'Basic Care' in order to pick up features that ensure sound personal care is being provided.

AECA's submission also commented on the composition and operations of the proposed Accreditation Council including the structure and membership of the Council, the Standing Committees including the qualifications of their members, the proposed appeals mechanism, and the qualifications and training of reviewers.

INAC has one more meeting and, given their track record of responding to the concerns of the field, we can expect that the proposal which ultimately goes to the Government will take up at least some of these proposals.